



REPORT

of the

**Indian Delegation to the First Session of the
World Health Assembly held in Geneva
from 24th June to 24th July 1948**

सत्यमेव जयते

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CHAPTER I

THE PLENARY SESSION

1. The Indian delegation to the first session of the World Health Assembly was composed as follows:—

Delegates

1. The Hon'ble Rajkumari Amrit Kaur, Minister of Health, Government of India.
2. Dr. Sir A. Lakshmanaswami Mudaliar, Vice-Chancellor, Madras University.
3. Lt.-Col. C. Mani, Deputy Director General of Health Services.

Alternates

1. Sir Dhiren Mitra, Legal Adviser to the High Commissioner for India in London.
2. Lt.-Col. C. L. Pasricha, Medical Adviser to the High Commissioner for India in London.

Advisers

1. Dr. S. C. Sen, Radiologist, Delhi, and Vice-President of the Indian Medical Association.
2. Lt.-Col. Jaswant Singh, Director Malaria Institute of India.

2. The first World Health Assembly commenced its Session on 24th June 1948 under the temporary Chairmanship of Dr. Stampar, President of the Interim Commission pending the election of a President of the Assembly. Messages of welcome were received from the Government of Switzerland, the Secretary General of the United Nations and from numerous organisations. Rules of Procedure were adopted and the Credentials Committee appointed. The task of nominating the President of the Health Assembly, its Three Vice-Presidents, Chairmen and Vice-Chairmen for the five main Assembly Committees and six additional members to form the General Committee, was entrusted to a Nomination Committee under the chairmanship of Lt.-Col. Mani of the Indian delegation. This Committee made the following nominations which were later unanimously approved by the Health Assembly:—

President of the First Health Assembly . . .	Dr. Stampar (Yugoslavia)
Vice-Presidents of the First Health Assembly . . .	Chief Delegates of India, Egypt, and Brazil.

Committees :—

1. Committee on Programme . . .	Chairman . . .	Dr. Evang (Norway)
	Vice-Chairman . . .	Dr. Castélló Rey (Venezuela)
2. Committee on Administration and Finance	Chairman . . .	Dr. Kacprzak (Poland)
	Vice-Chairman . . .	Dr. Vander Spey (S. Africa)
3. Committee on Relations . . .	Chairman . . .	Dr. Mackenzie (U. K.)
	Vice-Chairman . . .	Lt.-Col. Jaffar (Pakistan)
4. Committee on Headquarters and Regional Organisations . . .	Chairman . . .	Dr. Zozaya (Mexico)
	Vice-Chairman . . .	Dr. Unger (Czechoslovakia)
5. Legal Committee	Chairman . . .	Dr. Vanden Berg (Netherlands)
	Vice-Chairman . . .	Dr. Mclean (New Zealand).

The General Committee of the Assembly consisted of the President and three vice-presidents of the Assembly five Committee Chairmen and the following six additional members—China, France, Siam, Syria, USSR, and U.S.A. The

Credentials of approximately 54 countries were approved; all these countries having lodged their ratifications with the Secretary General of the United Nations according to the Constitution. Monaco was admitted to membership, but San Marino was not—due to delay in receipt of the applications. There was some difficulty in approving the ratification of the United States on account of certain reservations made by that Government in the letter which accompanied their instrument of ratification. The joint resolution of the U.S. Senate and House of Representatives, accepting the W.H.O. Constitution, stated that "in the absence of any provision in the W.H.O. Constitution, for withdrawal from the organisation, the United States reserves its right to withdraw from the organisation on a year's notice: Provided however, that the financial obligations of the U.S. to the organisation shall be met in full from the organisation's current fiscal year" (Doc. A/11) (Appendix A)*. The Secretary General of the U.N. intimated to the Health Assembly that he was unable to accept the U.S. instrument of ratification with this reservation, but would be guided by the opinion of the Health Assembly on this matter. (Doc. A/10 and A/10 Add. 1). (Appendices B., B.1)*. One opinion was that as the Constitution made no provision for withdrawal, such withdrawal was not permissible. The contrary view including that of our own legal adviser was that as there was nothing in the Constitution to prohibit withdrawal, such withdrawal was an inherent right of every signatory and could be legally exercised by the United States or in fact by any other country. The U.S. delegation found themselves in a somewhat difficult position because no other country had made any reservation whatsoever. A full dress debate on this point might easily have become very embarrassing but thanks to the spirit of conciliation which prevailed in the Assembly, it was possible to arrange for an amicable settlement. The delegations of the U.K. and India led the support in favour of accepting the U.S. ratification. The U.S. delegation gave an assurance of that country's full and whole-hearted support to the work of W.H.O. The delegate of U.S.S.R., after pointing out the danger of deviating from the Constitution supported U.S.A.'s admission. Accordingly in spite of legal 'difficulties' the Assembly decided to advise the Secretary General of the U.N. to accept the ratification of the U.S. In addition to nomination of office bearers and scrutiny of credentials, the first 3 days were taken up by a general discussion of the work of the Interim Commission. The excellent work done by the Commission, both organisational as well as technical, in spite of its limited resources and still more limited terms of reference, was praised by all delegations. Suggestions of a general nature, were made with regard to the manner in which the W.H.O.'s activities during the first few years should be conducted—e.g., strengthening of national health services, necessity for regionalisation, avoidance of a top heavy secretariat, elimination of endemic foci of epidemic diseases, Social welfare, nationalization of health services, etc. etc. Thereafter the five main committees began their deliberations viz., Committees on Programme, Administration and Finance, Relations, Regionalisation and Legal. All Committees, being committees of the whole, there was opportunity for a free and full discussion on all proposals. The reports of these Committees were finally approved by the plenary meetings. The more important decisions of the Assembly are described in the following portions of the report.

CHAPTER II (ORGANIZATIONAL MATTERS)

3. *W.H.O. Headquarters*.—The report of the Interim Commission's Committee on Headquarters, which was presided over by Lieut.-Col. Mani from India, was considered by a Committee of the Health Assembly. India and U.K. having formally withdrawn their request for location in their respective territories, the field was clear for a decision in favour of Geneva. U.S.A. made a mild protest against Geneva on account of the absence of an active

dical centre in that city and suggested postponement of the decision but general opinion was that Geneva being in the centre of Europe is quickly accessible, to large medical centres in London, Paris etc. (document A/38) (Appendix C)*. Accordingly, after consultation with the Economic and Social Council of United Nations, the Health Assembly unanimously decided to establish the permanent W.H.O. Headquarters in Geneva.

4. *Regional Organisations.*—The Interim Commission had been charged with making studies and recommendations with regard to delimitation of geographical areas for the establishment of regional organisations of W. H. O. in different parts of the world. The replies received by the Commission to a questionnaire on this subject, issued to all Governments, were somewhat indefinite except for a general agreement on delimitation on a continental basis. The whole question was therefore referred to a special Committee with instructions to submit recommendations as to actual geographical delimitation of various regions as well as on the necessity and urgency of establishing some or all of the proposed regional organisations in the immediate future. The Indian delegation took a leading part in these discussions and was actively responsible for guiding the committee's deliberations to a successful end. Time and again the leader of the delegation had to intervene in the debate and impress upon the committee the absolute necessity of early regionalisation if the W. H. O. was to become a living and active organisation operating in actual areas of disease and ill-health instead of a highly centralised agency with a top heavy Secretariat issuing bulky documents on matters medical which the national health administrations had no time to read. What was needed was a wide network of field demonstrations in prevention of disease and large scale training of health personnel of all categories so as to provide for the strengthening of national health services which, in many areas of the world, were deplorably below the standards attainable with the help of modern scientific knowledge.

5. The delegation was surprised to witness the amount of opposition which was forthcoming against early regionalisation and delegations had to be repeatedly reminded that the W. H. O. Constitution (Chapter XI, Article 44) made it incumbent upon the Health Assembly to have a regional set up. It may be as well to mention here that, when the Constitution of W. H. O. was first being worked out by a Technical Preparatory Committee of Experts appointed by the Economic and Social Council of the United Nations in 1946, there was similar opposition to the idea of regionalisation which was put forward by the experts from China and India (Dr. Sze and Lieut.-Col. Mani). Ultimately, however, the idea was accepted and Chapter XI of the Constitution was the result. During discussions on this subject in the Committee of the Health Assembly, many delegations voiced their misgivings with regard to regionalisation at such an early stage in the life of the organisation. After a somewhat animated discussion in Committee, three working parties were appointed to make recommendations in respect of the three main regions of South East Asia, Far East and Middle East. Each working party was to consist of members from the interested countries of that region. Pakistan, which was originally nominated to the working party for the South East Asia region, was transferred to the working party for the Middle East, at the request of the Egyptian delegate because of Pakistan's decision to join the Middle East Region. Pakistan therefore did not formally take part in the deliberations of the South East Asia party but simply sent an observer who communicated Pakistan's decision to the meeting. The South East Asia working party was presided over by Sir A. Lakshmanaswamy Mudaliar. The delegates of U. S. S. R., Hungary and Poland pressed for a fourth working party to consider the setting up of some sort of temporary office to expedite the rehabilitation of the health services of war devastated Countries of Europe. The delegate from Liberia pressed for a working party to consider

the claims of the African countries; thus five parties were ultimately formed, being understood that the Americas already formed a clear cut 'region' under the Pan American Sanitary Bureau. The recommendations of the working parties which were formally approved in committee and in plenary session, are explained in document A/47 (Appendix D)*. The first part of these recommendations deals with actual delimitation of geographical areas as follows:—

- (1) *Eastern Mediterranean Area*, comprising the following countries: Egypt, Saudi Arabia, Iraq, Syria, Lebanon, Palestine, Transjordan, Yemen, Iran, Turkey, Pakistan, Greece, Ethiopia, Eritrea, Tripolitania, Dodecanese Islands, British Somaliland, French Somaliland, Aden, Cyprus.
- (2) *Western Pacific Area*, comprising the following countries: Australia, China, Indo-China, Indonesia, Japan, Korea, the Philippines, New Zealand and provisionally the Malay Peninsula.
- (3) *South East Asia Area*, comprising the following countries: Burma, Siam, Ceylon, Afghanistan, India: the inclusion of the Malay Peninsula to await the definite decision of this country as to which regional organisation it desires to join.
- (4) *European Area*, comprising the whole of Europe.
- (5) *African Area*, comprising the following countries and territories: 'A primary region is suggested for all Africa South of the 20 degree N. Parallel of latitude to the Western border of the Anglo-Egyptian Sudan, to its junction with the northern border of Belgian Congo, thence eastwards along the northern borders of Belgian Congo, thence eastwards along the northern borders of Uganda and Kenya: and thence southwards along the eastern border of Kenya to the Indian Ocean'.

NOTE.—These delimitations do not necessarily mean that each 'component' country must join that region, e.g. Australia and New Zealand which have agreed to be placed in the West Pacific area have no intention of joining at present. Each country has the right to join or not to join. A country will only become member of a region after she has formally given her consent. In the case of India, Burma, Ceylon, Siam and Afghanistan, this formal consent has already been communicated (doc. E.B./4) (Appendix E) to the Executive Board.

6. The second part of these recommendations instructed the Executive Board:

"To establish regional organisations in the areas indicated in the second report of the Committee on Headquarters and Regional Organisation as soon as the consent of a majority of members situated within such area is obtained; where the consent of a majority of the Members has not yet been obtained, a regional organisation in the respective area should be established as soon as the necessary consent becomes available; as regards the Eastern Mediterranean Area, to integrate the regional organisation which already exists in that area, viz., the Alexandria Regional Bureau, with the World Health Organisation as soon as possible, through common action, in accordance with Article 54 of the W. H. O. Constitution."

The present position with regard to the establishment of these regional organisations is as follows:—

- (i) *Eastern Mediterranean*.—There are 20 countries proposed for this region which, with a few exceptions, consists of Muslim countries, of the Middle East, Mediterranean Zone and Pakistan. The actual

* Not printed.

establishment of this organisation will be a matter of 'integration' under Article 54 of the Constitution as a Bureau at Alexandria already exists.

- (ii) *Western Pacific*.—Considerable argument took place about the location of this organisation. The Philippines delegation pressed for Manila while China pressed for Shanghai. No action will be taken until the majority of the countries, proposed for this region, agree upon the location.
- (iii) *South East Asia*.—To take immediate advantage of the decision of the Assembly, the delegations of India, Burma, Ceylon and Siam submitted a formal note to the Executive Board recording their agreement to locate the South East Asia Regional Organisation at Mysore in India (Document EB/4) (Appendix E).^{*} As a cablegram to W. H. O. had already been received from Afghanistan declaring her desire to join our regional organisation, this meant a unanimous decision and accordingly Col. Mani obtained the approval of the Executive Board to go ahead with the formation of the South East Asia Regional Organisation. The position of Malaya will remain uncertain until formal reply from them is received. It is very desirable that Malaya should join this region.
- (iv) *Europe*.—As regards Europe, it was decided that a special temporary administrative office was all that was required for the primary purpose of dealing with the effects of war devastation and NOT a regional organisation as visualised in Chapter XI of the Constitution. The countries of Eastern Europe have subsequently requested the Executive Board to locate this in Prague but a decision will rest with the majority of the European countries.
- (v) *Africa*.—Owing to the fact that most of this area consists of non-sovereign countries and that health personnel of the standard required to run a regional organisation are very scarce locally, there may be considerable delay in establishing this organisation. Likely locations are Belgian Congo, South Africa or Liberia.

7. *Appointment of Director General*.—In accordance with Article 31 of the Constitution the Executive Board decided to nominate Dr. Brock Chisholm, Executive Secretary of the Interim Commission, for the post of Director General of W. H. O. His nomination was proposed to the Executive Board by Colonel Mani and was unanimously agreed to. The nomination was approved by the Assembly by 46 votes to 2. His terms of employment are contained in document A/79 (Appendix F).^{*} The period of employment is five years and the emoluments which were determined after careful study of terms granted by other Specialised Agencies of the United Nations, include a salary of 18,000 U. S. dollars plus an annual representation allowance of 6,500 dollars.

8. *Election of Executive Board*.—A "slate" of 18 countries was submitted to the Health Assembly by the General Committee. This slate was prepared after very careful consideration of the numerous aspects involved, e.g., adequate geographical representation, "regional" considerations and the number of ratifications received from different parts of the world. The countries, shown according to continents, were:

Europe:

U. K.
France
Netherlands

^{*} Not printed.

Europe—contd.

Norway

U. S. S. R.

Poland

Byelo Russia

Yugoslavia

Africa :

Egypt

South Africa

Asia :

India

Iran

Ceylon

China

American Continent:

U.S.A.

Mexico

Brazil

Australia :

Australia



The apparently large number of European countries is due to the fact that 24 out of about 52 ratifications, so far received, are from that continent. For the same reason only three seats were allotted to the Americas. Two seats were given to Africa which is reasonable considering the very small number of sovereign countries in that continent. Asia had about 14 ratifications and consequently obtained four seats which is satisfactory. Of these four seats, the leader of the Indian delegation pressed for at least two seats for South East Asia. The delegations of Burma, Ceylon and Siam were consulted and these agreed among themselves to let us try for Ceylon. Ceylon was subsequently elected to the Board. The election of Ceylon was due to the able and forceful manner in which the claims of the South East Asia region were pressed by the leader of the Indian delegation. When the slate of 18 countries was presented to the Health Assembly it evoked at first an appreciable amount of opposition. In addition to a natural sense of disappointment on the part of countries not represented on the slate, there was considerable opposition to the system of presenting a "slate". Many members felt that such a system undermined the authority of the Assembly to make independent selection as envisaged by the Constitution.* The difficulties of an election, from the floor of the Assembly, were however realised and the "slate" was finally accepted by an overwhelming majority (39 votes to 10). At the same time the Assembly resolved that the Executive Board should study this question carefully and should submit recommendations to the Second Health Assembly for a more satisfactory manner of elections to the Executive Board. The Board was also asked to take into consideration the proposal of Italy that the Constitution be amended to increase the number of countries on the Board up to a third of the total members of W.H.O. By another resolution it was decided that the Chairman

* The opposition to the slate came mainly from U. S. A., Italy, Switzerland and Pakistan.

of the Board should not be eligible for re-election until two years after the expiry of his term of office. The terms of office of members of the Executive Board will be as follows:—

Netherlands	} 3 years	U. K.	} 1 year
Poland		Norway	
Byelo Russia		Iran	
Yugoslavia		Ceylon	
South Africa		U. S. A.	
India		Australia	
France	} 2 years		
U. S. S. R.			
Egypt			
China			
Brazil			
Mexico			

9. *Associate Members.*—According to Articles 8 and 47 of the Constitution the rights and obligations of Associate Members and of territories which are not responsible for the conduct of their foreign relations and are not Associate Members, are to be defined by the Health Assembly. This matter was referred to the Legal Committee which submitted its report, *vide* document A/80 (Appendix G).^{*} This report which was approved by the Health Assembly contains the following provisions:—

(a) that Associate Members shall have the right:

- (i) to participate without vote in the deliberations of the Health Assembly and its main committees;
- (ii) to participate with vote and to hold office in other committees or sub-committees of the Assembly, except the General Committee, the Committee on Credentials, and the Committee on Nominations;
- (iii) to participate equally with Members, subject to the limitation on voting in paragraph (i) above, in matters pertaining to the conduct of business of meetings of the Assembly and its committees, in accordance with Rules 39 to 53, and 62 to 63, of the Rules of Procedure of the Assembly;
- (iv) to propose items for inclusion in the provisional agenda of the Assembly;
- (v) to receive equally with Members all notices, documents, reports and records;
- (vi) to participate equally with Members in the procedure for convening special sessions.

(b) that Associate Members shall have the right, equally with Members, to submit proposals to the Executive Board, and to participate, in accordance with regulations established by the Board, in Committees established by it, but they shall not be eligible for membership on the Board.

As regards the rights and obligations of Associate Members as well as of territories which are not responsible for the conduct of their international relations and which are not Associate Members, in so far as these relate to regional organizations, these are to be determined by the Executive Board, in consultation with Member States and Regional Organizations, and suitable recommendations made to the next Health Assembly.

10. *Immunities and privileges.*—The Health Assembly decided to adopt the Convention on Privileges and Immunities of the Specialized Agencies as already adopted by the Assembly of the United Nations on 21st November 1947.

^{*} Not printed.

CHAPTER III (TECHNICAL MATTERS)

11. *Programme of work for 1949.*—The Health Assembly resolved to concentrate, during 1949, on five major problems, *viz.*, malaria, tuberculosis, venereal disease, maternal and child health and environmental sanitation (including under this heading rural hygiene, tropical hygiene—housing and town planning and natural resources) and nutrition. These were given first priority. Numerous other activities were listed according to priorities, *e.g.*—

Priority 2.—Public Health Administration, such as hospitals and clinics, industrial hygiene, medical care, medical rehabilitation, medical social work, nursing, health education, and hygiene of sea-farers.

Priority 3.—Parasitic diseases such as ankylostomiasis, filariasis, leishmaniasis, schistosomiasis, and trypanosomiasis.

Priority 4.—Virus diseases such as Ant. Poliomyelitis, Influenza, Rabies and Trachoma.

Priority 5.—Mental health, alcoholism and drug addiction, etc.

Priority 6.—Miscellaneous *e.g.*, cancer, rheumatoid diseases, leprosy, technical education, insulin and brucellosis.

(Mexico's proposal to establish a World Brucellosis Centre on the lines of the World Influenza Centre, already established by the Interim Commission and taken over by the W.H.O., was referred to the Executive Board).

As regards Priority 1 items the programmes submitted by the Interim Commission were generally approved (see Official Records No. 10). For all these items an appropriate section of the Central Secretariat will be established, expert committees will be appointed and field demonstrations and assistance to Governments will be arranged. For items in Priority 2, a full section of the Central Secretariat will not be established but at least one public health expert and a well qualified public health nurse will be appointed to the Secretariat in order to make arrangements for starting work in this field. For Priority 3 items a well qualified parasitologist with broad field experience will be appointed to the Secretariat to undertake the necessary preliminary work. For Priority 4 items a well qualified expert in virus diseases will be placed at the centre. Items in Priority 5 will be looked after by an expert in mental health, located at the centre. As regards drug addiction, a separate Expert Sub-Committee on "Habit Forming Drugs" has been appointed in order to carry out statutory advisory functions under agreement with the United Nations. Miscellaneous items in Priority 6 have been referred for further consideration either to the Executive Board or to the appropriate section of the Central Secretariat.

12. The following is a summary of the present position in respect of main items of programme:—

Malaria.—A separate section already exists in the W.H.O. Secretariat to deal with problems relating to malaria. The Expert Committee of the Interim Commission will be replaced by a W.H.O. Expert Committee early next year. The report of the Second Session of the Interim Commission's Expert Committee on Malaria is a most valuable document and should be circulated to all provinces. This Committee has recommended a mass attack on malaria in selected areas of food producing countries, as soon as possible, with technical assistance of W.H.O. through its Regional Organizations. The following extracts from this Committee's report are of interest:—

"The Committee stresses the necessity of taking early advantage of present scientific developments for attaining effective malaria control and even of malaria eradication, utterly impossible 15 years ago. To the realisation of

these possibilities there are however certain serious obstacles, namely, a widespread dearth of information about the new techniques, a serious lack of suitable governmental organizations to carry out this work and a critical shortage of trained personnel. It is particularly in regard to the removal of these three obstacles that the W.H.O. can assist a world-wide drive against malaria**.

The first essential for a malaria ridden country such as India is to establish, in each province, "a permanent basis of a malaria control organization of adequate size, staffed by adequately paid and adequately trained personnel". The type of malaria control organization will, of course, vary "according to the area, its population and economic resources and the nature of the local malaria problems."

NOTE.—The Government of Italy, with the help of the Rockefeller Foundation, is at present carrying out a malaria eradication programme in the Island of Sardinia.

The Health Assembly has asked the Executive Board to consider the possibility of taking up with the Governments of malarious countries questions relating to preventive, curative, legislative, social and other measures necessary for malaria control (document A/78 Rev. 1) (Appendix H).

Tuberculosis.—The programme and organization recommended by the Interim Commission (Official Records W.H.O. No. 10) was generally approved. A separate section already exists in the Secretariat to advise on tuberculosis control. A W.H.O. Expert Committee on tuberculosis will continue the work of the Interim Commission's Expert Committee. (The report of the IInd Session of this latter committee is a valuable document and has been sent to all governments).

B.C.G. vaccination will form an integral part of W.H.O. tuberculosis programmes and a special expert panel on B.C.G. is to be appointed. Field demonstrations in tuberculosis control will be organized and assistance will be given for training of technical personnel. The Health Assembly has also asked Governments (document A/69) (Appendix I) to take up preventive, curative, legislative, social and other measures of control. Many of these measures will not be possible in India. The Assembly has allotted a sum of 270,520 dollars for the year 1949.

Veneral disease.—The programme and organization recommended by the Interim Commission (Official Records No. 10) was accepted. A Veneral disease section already exists in the Secretariat. An Expert Committee of WHO will continue the work of the Interim Commission's Expert Committee. The question of "Bejal" was also referred to this Committee. In addition to technical advice the W.H.O. services will consist, as usual for Priority I items, of field demonstrations, training of technical personnel, stimulation of research and supply of literature and perhaps some equipment. The Health Assembly has allotted a sum of 129,320 dollars for the year 1949. It has also recommended that governments should take as far as local conditions permit, necessary measures for veneral disease control such as preventive, curative, legislative and social. Many of these measures will not be possible in India (see document A/69—page 5) (Appendix I). The Assembly also resolved to consult the United Nations and other international organizations on such measures as abolition of legal recognition and toleration of prostitution and suppression of traffic in women; in this connection a resolution of the International Alliance of Women (Rome, May 1948) has urged the abolition of brothels and of regulated prostitution, etc. (see doc. A/21) (Appendix J).

***(NOTE.**—The Assembly has allotted a sum of 235,320 dollars for malaria control during 1949).

Maternal and Child health.—The programme submitted by the Interim Commission (Official Records No. 10) was approved and the Executive Board was instructed to appoint an Expert Committee. This Expert Committee is likely to have a public health nurse as one of the members and it is hoped that an Indian may be nominated. It was decided to set up a separate section in the Secretariat to deal with this subject. An allotment of 166,250 dollars was made for the 1949 programme. The Assembly also decided to recommend to governments to take, subject to local conditions, the necessary preventive, curative, legislative and social measures such as the protection of expectant and nursing mothers who are employed in gainful occupation, prohibition of gainful employment of children and necessary institutional facilities before, during and after confinement. Appropriate assistance will be given to those States which request for it, on matters concerning investigation into and lowering of maternal and infant mortality and for maternal and child health services. A sum of 166,250 dollars was allotted for the year 1949.

Environmental sanitation.—A separate section in the Secretariat will be set up to deal with this subject and an Expert Committee will be appointed early next year to make recommendations regarding a W.H.O. programme for improvements in the field of rural and tropical hygiene, housing and town planning, etc.

Nutrition.—This was given top priority along with malaria, tuberculosis, venereal disease, maternal and child health and environmental sanitation. The Executive Board was instructed to appoint a joint nutrition committee with F.A.O. It was also decided to set up a separate section in the Secretariat to deal with problems related to nutrition.

13. *International Epidemiology and Quarantine.* (See Official Record No. 10 and documents S. 25, A/60 & A/78 Rev. 1) (Appendices—K, L, H).—The Interim Commission's two Expert Committees, on Quarantine and on revision of International Sanitary Conventions, will be merged into a new Expert Committee on International Epidemiology and Quarantine. This Committee will advise W.H.O. on the routine administration of International Sanitary Conventions and will take up the work of revising the existing Conventions in the light of modern scientific knowledge. It will have a panel of legal experts, experts on yellow fever and expert study groups on cholera, smallpox, etc. It was also decided to nominate, at the request of governments, quarantine experts (either from this committee or from outside or from the W.H.O. Secretariat) to proceed to any country, whenever necessary, in order to give advice and assistance in dealing with quarantine matters on the spot. The Assembly resolved that the existing Maritime and Aerial Conventions, when revised, will be combined into a single body of Regulations covering the needs of all travellers; in fact an International Public Health Code. The Sanitary provisions regulating the Mecca pilgrimage are to form a chapter of this Code and accordingly no separate Regulations will be required for the pilgrimage (see document A/78 Rev. 1) (Appendix H). The present position with regard to revision of International Sanitary Conventions is explained in document S. 25 (Appendix K). It was also decided to form an Expert Committee on plague in order to recommend a suitable plague control programme for the W.H.O. A special division in the Central Secretariat will deal with International Epidemiology and Quarantine which will also take up special studies on endemic diseases.

14. It was also decided to set up a small committee of three experts on insecticides, preferably representatives of the more important existing national insecticide committees. A panel of experts possessing special knowledge of the following subjects will also be established:—

- (a) chemistry of insecticides
- (b) disinsectization of aircraft

- (c) mechanical devices for such disinsectization
- (d) other dusting and vaporization devices
- (e) airplane dusting
- (f) insecticide application in houses.

International standards: An Expert Committee on biological standardisation will be established as well as sub-committees on antibiotics, antigens, blood groups, vitamins and hormones etc. A separate section in the Secretariat will be responsible for this work.

International pharmacopoeia: An Expert Committee on unification of pharmacopoeia will be set up to take over the work already started by the Expert Committee of the Interim Commission. A separate section in the Secretariat will be entrusted with this work.

Bureau of Medical Supply: At the instance of countries of Eastern and Central Europe which are apparently having difficulties in obtaining supplies of important drugs, it was agreed to set up a small Bureau which will give advice on the procurement of essential drugs and biologicals etc.

Penicillin: The Assembly instructed the Executive Board to come to an agreement with the UNRRA authorities with regard to the taking over of the completion of penicillin plants of UNRRA, the funds to be provided by UNRRA. When this is being arranged, it should be possible for the Indian Government to ask W.H.O. for technical guidance in the setting up of a penicillin plant in India.

Emergency Medical Services: It was agreed that in relation to serious epidemics the W.H.O. should be regarded as the first source of assistance to which countries could have recourse. It is hoped that the Government of India will not fail to take advantage of this provision as and when necessary.

15. *Fellowships.*—The programme of fellowships recommended by the Interim Commission (Official Records No. 10—page 16) was generally approved. The following considerations will govern the grant of fellowships (see doc. A/78 Rev. 1 page 2) (*Appendix H*):—

- (a) the possibility of granting fellowships of short duration to candidates in key positions;
- (b) the desirability of contributions being made by countries in a position to do so, towards the cost of the fellowships granted to their candidates;
- (c) the possibility of additional fellowships being available for candidates fully paid for by their governments;
- (d) the extension of the fellowships programme to undergraduates, and foreign graduates employed in the governments of countries and not possessing their own graduate health personnel suitable for fellowships, provided that these fellows agree to return at the termination of the period of study to the country through which they received their fellowship.

It will be seen that a new category of fellowships has been introduced, viz. those fully paid for by their governments. It should be possible now to divert our government fellowships through W.H.O.

16. *Nomenclature of diseases and causes of death.* (International Lists) (see doc. A/8 Rev. 2, A/78 and A/98) (*Appendices—M, N, O*).—The International Arrangement of 22nd July 1946, entrusted the Interim Commission with the preparatory work in connexion with the 1948 Decennial Revision of the International Lists of Diseases and Causes of Death. For the purpose the Interim

Commission appointed an Expert Committee which produced the "International Statistical Classification of Diseases, Injuries and Causes of Death". It also prepared three special lists for the tabulation of mortality and morbidity statistics, together with the international form of Medical Certificate of Cause of Death and rules for the selection of the underlying cause of death. This documentation was first sent to Governments for comment and finally submitted to the Conference for the Sixth Decennial Revision of the International Lists of Diseases and Causes of Death which, under the provisions of the International Convention of 7th October 1938, was convened by the French Government and held in Paris from 26 to 30 April 1948. This Conference endorsed the proposals of the Expert Committee and, by its final act, submitted them to the World Health Assembly for consideration, with the request that they may be embodied in W.H.O. Regulations.

The Assembly accordingly adopted the Nomenclature Regulations as explained in doc. A/3 Rev. 2 (Appendix M). These will require careful study with a view to taking suitable action with the provinces. The actual International Lists of Causes of mortality and morbidity called the Manual of International Statistical Classification of Diseases, Injuries and Causes of Death, has already been circulated to Governments. The effective Regulations are Nos. 2 to 8, 12 and 17 to 19, in accordance with which future statistics will require to be submitted in respect of the country as a whole, the principal towns and national aggregates of urban and rural areas (districts). These Nomenclature Regulations shall apply to each Member State except such as may notify the W.H.O. within a period of 12 months, *vis.*, by 28rd July, 1949. Reservations may be made limiting the application of any part or parts of these Regulations to any part or parts of the Members' territory (see document A/73) (Appendix N).

17. *World Health Day.*—The W.H.O. will sponsor a "World Health Day" and it is suggested that 22nd July be chosen in commemoration of the signing of W.H.O. Constitution on 22nd July 1946 by 61 nations.

CHAPTER IV (FINANCIAL MATTERS)

18. *Scale of contributions to W.H.O.*—The Interim Commission having expressed its inability to determine a suitable scale of contributions had referred the matter to the First Health Assembly. This matter was accordingly taken up in the Committee on Administration and Finance. The points requiring decision were the following:—

(a) *Should a unit or percentage scale be adopted?*

It was generally agreed that for purposes of simplicity a unit system would be more adaptable to the needs of W.H.O. and at the same time would relate closely to the percentage scale now in use by the United Nations. The advantages are:

- (i) comparability with percentage scale used by United Nations;
- (ii) flexibility in considering the obligations of non-U. N. Governments;
- (iii) facility for adoption of scales for new members;
- (iv) flexibility for purposes of determining the actual budgeting contributions.

Document A/AF/4 Rev. 1 (Appendix P)* gives a table showing the U.N. percentage scale converted to a total of 12,015 units as far as U.N. Countries are concerned. An arbitrary figure of 120 units equals 1 per cent. (of course any convenient arbitrary figure may be used without affecting the calculation). The actual monetary value of each unit will vary accordingly to the total amount of the budget for each year. As regards non-U.N. countries the assessment is based on the same basic criteria as were adopted by U.N. for assessing

*Not printed.

its own members and the total assessment for these countries comes up to about 5.03 per cent. or 608 units. The total, for both U.N. and non-U.N. members of W.H.O., accordingly comes to 12,612 units or about 105 per cent. From this total of 12,612 units approximately 400 units have to be deducted for countries which have not yet ratified. Accordingly the budgets for 1948 and 1949 will require to be divided into 12,612—400, say about 12,200 units only; contributions received as a result of any future ratifications will be additional to the budgetary amounts for 1948 and 1949. Of the approximate total of 12,200 units, the combined share of India and Pakistan will be 474 units or 3.95 per cent. in accordance with their contribution percentage in U.N. The Indian delegation asked for separate assessment as between these two countries on the basis of 80 and 20 per cent. which, according to the Government of India brief, was the relative percentage accepted by U.N. On reference to Lake Success this apportionment was not confirmed and we were told that the matter will come up before a U.N. Committee in August 1948. As soon as U.N. decision is received, the same relative percentages (converted into units) will be adopted and separate assessments made for the two countries.

As regards the liability "to payment of the subscription due from undivided India for the period up to 31st December 1947" a note* prepared by Sir Dhiren Mitra, Legal Adviser to the Indian delegation is attached to the report. The delegation is firmly of the opinion, based on expert legal advice, that India must not on any account accept the entire burden of contributions for the period ending 31st December 1947. In other words Pakistan is liable for her share of the Interim Commission expenses and therefore both Pakistan and India should share this on the basis of their relative percentage scales.

(b) *Should the United Nations scale be used as a basis and, if so, whether it should be used for both U.N. as well as non-U.N. members of World Health Organization?*

Almost all countries agreed that at this stage the adoption of the U.N. scale was the only practicable solution. There was however considerable opposition to this by the United States because that country stands assessed at a high figure of 39.89 per cent. by U.N. The United States is unwilling to contribute the same high percentage to W.H.O. and their delegation demanded a more "equitable" distribution of the burden by reducing the U.S. share to 25 per cent. or at the most 33½ per cent. The arguments advanced were that an unduly high share of contribution will have the undesirable psychological effect of its voice being heard in terms of its financial contributions rather than in terms of what it could contribute in "knowledge and goodwill", that an organisation with a small budget, as the W.H.O., had no excuse for not sharing the burden on a broader and more equitable basis (in other words the smaller the budget the larger the capacity of every member to pay) and that in matters of health all countries are expecting to receive tangible services from W.H.O. and should therefore demonstrate a corresponding desire to make a substantial contribution to the common pool etc. (doc. A/AF/23) (Appendix Q)†. The question was finally referred to a working party of which Lieut.-Col. Mani was chairman. The report of this working party is contained in doc. A/AF/29 (Appendix R)† which was approved by the Committee on Administration and Finance and finally by the Health Assembly, U.S.A. being the only dissenting voice. It was however agreed to limit these assessments to the budgets for 1948 and 1949 and then to review the position. The final decision is explained in document A/86 (Appendix S)† and is summarised below.—

(i) "That contributions to the World Health Organisation from all its Members to the budgets for the financial years 1948 and 1949 shall be assessed according to the criteria used by the United Nations in assessing its Members for the year 1948.

* Annexure.

† Not printed.

(ii) "That the Executive Board be instructed to consider the question of scale of contributions for 1950 and future years in the light of any revisions which are made in the United Nations scale by the United Nations General Assembly and report thereon to the second World Health Assembly.

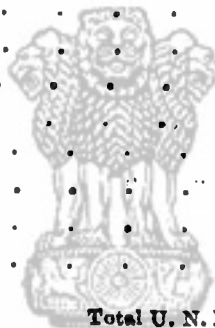
(iii) "That the unit system of assessment be adopted in assessing contributions of the Members of W.H.O. for the years 1948-49 and that the system of assessment shall be reconsidered at the second World Health Assembly."

(iv) The assessment to be used for financial years 1948-49 will be as follows:—

<u>Country</u>	<u>Units</u>
Afghanistan	6
Argentina	222
Australia	236
Belgium	162
*Bolivia	10
Brazil	222
Byelo Russia	26
Canada	384
*Chile	54
China	720
*Colombia	44
*Costa Rica	5
*Cuba	35
Czechoslovakia	108
Denmark	95
Dominion Republic	6
*Ecuador	6
Egypt	95
El Salvador	6
Ethiopia	10
France	720
Greece	20
*Guatemala	6
*Honduras	5
Haiti	5
Iceland	5
India-Pakistan	474
Iran	54
Iraq	20
*Lebanon	7
Liberia	5
Mexico	76
*Luxemburg	6
Netherlands	168

* Non-Members of W. H. O. (not yet ratified).

<u>Country</u>	<u>Units</u>
New Zealand	60
*Nicaragua	5
Norway	60
*Panama	6
Paraguay	5
*Peru	24
Poland	114
Republic of Philippines	35
Saudi Arabia	10
Siam	32
Sweden	245
Syria	14
Turkey	109
Ukraine	101
Union of South Africa	134
USSR	761
United Kingdom	1373
United State of America	4787
*Uruguay	2
Venezuela	32
*Yemen	5
Yugoslavia	40
Total U. N. Members	12002



Non-United Nation Members.

<u>Country</u>	<u>Units</u>
Albania	5
Austria	22
Bulgaria	17
Burma	6
Ceylon	5
Finland	17
Hungary	24
Ireland	43
Italy	252
Monaco	5
Portugal	47

*Non Members of W. H. O. (not yet ratified).

<u>Country</u>	<u>Units</u>
Romania	42
Switzerland	120
Transjordan	5
<hr/>	
Total Non-U. N. Members	610
<hr/>	
Grand Total	12612
<hr/>	

NOTE.—Although document A/86* (Appendix S)* fixing contributions for 1948-49 according to the U. N. scale, was approved by the Health Assembly in plenary session, the U. S. delegation submitted a note of dissent, *vide* document A/92. In this note they have reiterated their arguments in favour of reducing the U. S. contribution from 39.89 to 25 per cent. It would seem however that the U. S. delegation realised the difficulties involved in obtaining amended instructions (all delegations presumably had instructions only to accept up to the maximum of their percentage contributions to U. N.) and to the technical complexities inherent in devising a new scale in the short time available. According to document A/11 (Appendix A)* the U. S. Government have for the present placed a ceiling of 1,920,000 dollars on their annual contributions to WHO. This ceiling will conform to the proposed U. S. share of the 1948-49 WHO budgets, of about 5 million dollars each, at the assessed rate of 39.89 per cent. but if during 1950, the budget of WHO should exceed 5 million dollars, as is likely, difficulties will arise.

(c) *Should maximum and minimum levels of contributions be fixed?*

The United States was, of course in favour of fixing a maximum limit of 25 per cent. while countries like Albania and Monaco required a lower minimum level. In both cases the reasons were obvious. No conclusion was reached on this point and the matter stands referred to the Executive Board. For the present, therefore, there will be no maximum limit and the minimum will be 0.04 per cent. or 5 units as in the U.N. scale.

19. *Budget for 1948* (Doc. A/86) (Appendix U)*.—The Interim Commission had decided to base the 1948 budget on existing Interim Commission Staff and activities (see doc. S.40 & S. 41 Rev. 1 and A/88) (Appendices V, VV, U)*. The Interim Commission will cease to exist on 30th August 1948. It was decided *i.e.* for period 1st September 1948 to 31st December 1948 that the W.H.O. budget for 1948 should include the re-payment of the sum of 2,150,000 dollars borrowed from U.N. by the Interim Commission as well as a sum of 1,650,000 dollars as Working Capital Fund. The cost of carrying on activities on the Interim Commission level, for the same period, will come to 1 million dollars, making an overall total of 4,800,000 dollars. Any balances remaining in the appropriations for 1948, will be transferred to the Working Capital Fund. The utilisation of the Working Capital Fund, which includes a sum of 100,000 dollars to meet health emergencies in any country (*vide* Article 58 of the Constitution) is explained in document A/86 (Page 3) (Appendix U)*. There is no provision during 1948 for allocations to Regional Organisations.

20. *Budget for 1949* (A/89 Rev. 1) (Appendix X)*.—The Interim Commission had prepared a 7 million dollar budget for 1949. There was a general feeling, however, that a ceiling of 7 million was too high considering the present financial difficulties of most countries and that a lower ceiling must be fixed before making itemised provision for the 1949 budget. After considerable discussion, in which Norway vainly put up a spirited plea for more generous expenditure on health, the ceiling was fixed at 5 million dollars, with the result that the programme for 1949 had to be considerably curtailed. Cuts were effected on most items, including malaria, tuberculosis, maternal and child health, venereal diseases, central staff, regional organisations as well as advisory services to

Governments (including fellowships). The budget as finally adopted is explained in document A/89 Rev. 1 Appendix X*. The following is a summary of allocations for the chief items of technical interest:—

Malaria	235,320	dollars
Tuberculosis	270,520	„
Maternal and child health	166,250	„
V. D.	129,320	„
Environmental Sanitation	114,249	This includes rural hygiene, tropical Hygiene housing, sanitary Engineering etc.)
Regional Organisations	300,000	
Fellowships	500,000	(200 Fellowships)
Med. literature and teaching equipment	150,000	
Publications	148,900	
Advisory and Demonstration Services to Governments	903,350	

It should be noted here that the sums allotted under each programme heading (e.g. malaria, tuberculosis etc.) are divided into three main sub-headings *vis.*,

- (i) Cost of central staff.
- (ii) cost of advisory services to Governments under each technical subject (e.g. malaria, tuberculosis etc.)
- (iii) cost of meetings of technical expert committees etc. (the cost of these amounts to almost 200,000 dollars).

It will be noted that about 909,350 dollars is to be spent on advisory and demonstration services to Governments. This sum is additional to 500,000 dollars for fellowships and 160,000 dollars for medical literature and teaching equipment plus 148,000 dollars for publications, all of which will go mostly to Governments. The sum of 300,000 dollars for staffing and equipping of regional organisations is very inadequate but in spite of repeated efforts of India, Egypt and the Latin American countries it was found impossible to obtain an increased allocation. As a result of the determined efforts of India it was however conceded that expenditure on programmes of W.H.O. will be made by the Executive Board, in consultation with regional organisations wherever these exist. It was also understood that much of the cost of regional programmes will be derived from central allocations under the various technical headings (malaria, tuberculosis, maternal and child health etc.) and the amount of 300,000 dollars allocated for regional organisations will meet the cost of staff and maintenance charges etc. The financial relationship between the Centre and the regions is however not clear. It is not known how much each region will get either out of the 300,000 dollars for staffing and equipping of regional organisations or out of the central allocations under each technical heading (*vis.* malaria, tuberculosis, maternal and child health etc.). It was vaguely understood that the amounts allotted to regions will depend on their programmes of work for the year which programmes will presumably be determined by the Regional Committees and an appropriate budget submitted to the Executive Board which will then make the necessary allocations to each region. It is not difficult to imagine a scramble for funds with each region trying to put up an inflated programme and budget in order to get the most money. The secretariat are at present attempting to devise some suitable method of allocation as between regions and it is hoped that the position will crystallise in due course.

* Not printed

21. *Financial Regulations of W.H.O. (Doc. A/61) Appendix XX*.*—These regulations govern the financial administration of the W.H.O. and deal with such items as method of presentation of annual budget estimates, transfers within appropriations, provision and custody of funds, collection of contributions, from Member States, maintenance of accounts, external auditors, investments etc. As regards the currency for payment of annual contributions by Governments (including sums for Working Capital Fund) it was decided to assess in U.S. dollars but to accept payments either in U.S. dollars or in Swiss Francs. It has also been provided that payment of the whole or part of these contributions may be made in such other currencies as the Director-General, in consultation with the Executive Board, shall have determined. This will mean that the Government of India can, if they so desire, make payments in Swiss Francs or even in rupees because the W.H.O. will require rupee currency for meeting the cost of its regional organisation in India. It was later decided by the Executive Board that the facility to pay in other than U.S. or Swiss currencies will not be extended to that portion of the contribution which is in respect of Working Capital Fund which must of necessity be maintained in Swiss Francs.

22. *Staff Regulations (doc. A/85) Appendix XXX*.*—These relate to general items such as duties and obligations of secretariat especially the international character of their responsibilities, the taking of oath, the prohibition from engaging in business or other occupation which may be incompatible with the discharge of their international duties, rules relating to appointments, promotions, hours of work, leave, dwelling and other allowances, provident fund, retirement and pension fund etc. Based on these Staff Regulations the Executive Board have later drawn up detailed Staff Rules.

CHAPTER V

23. *Relationship with United Nations, its Specialised Agencies and with other organisations (doc. A/45, A/48, A/49, A/63, A/64, A/62 and A/66) (Appendices Y, Y. 1., Y. 2, Y. 3, Y. 4, Y. 5, Y. 6.*—(1) United Nations:* The draft agreement prepared by the Interim Commission and already accepted by the United Nations was approved by the Health Assembly.

(2) *I.C.A.O.:* At the request of I.C.A.O., the Health Assembly decided not to enter into a formal agreement at the present stage but to continue the informal arrangements under which the Interim Commission and I.C.A.O. had been working.

(3) *I.L.O. & F.A.O.:* The draft agreements prepared by Interim Commission were approved.

(4) *U.N.E.S.C.O.:* Draft agreement was approved. The Assembly decided to ask U.N.E.S.C.O. to transfer to the W.H.O. the responsibility for the co-ordination of international congresses of medical sciences. Requests from U.N.E.S.C.O. with regard to W.H.O. co-operation in the following programmes were referred to the Executive Board for necessary action:

(i) studies with regard to high altitudes stations (doc. S-8-Addl.) (Appendix Y.7).*

(ii) co-ordination of medical and biological "abstracting" services (S.9 & A/9-page 7) (Appendix Y.8, Y.9).*

(iii) Pilot project for fundamental education in Haiti (A/Rel/7) (Appendix Y.10).*

(5) *Office International de Hygiene Publique:* The protocol signed on 22nd July 1946 has already come into force. The duties and functions of the 'Office' have already been taken over by the W.H.O. as well as the administration of its pension fund. The Executive Board has been instructed to maintain liaison with the 'Office' with a view to eventual transfer of its assets and liabilities on the termination of the Rome Agreement of 1907.

(6) *League of Nations*: Report of the Interim Commission on this subject was accepted. It was decided to request the United Nations to arrange without delay the transfer to W.H.O. of title to the materials in the League Library under the heading of "Health Documents" and "Medical and Health Books".

(7) *U.N.R.R.A.*: In recognition of the fact that obligations assumed under the Agreement with U.N.R.R.A. will not have been completed, nor U.N.R.R.A. funds expended by the end of the life of the Interim Commission, W.H.O. agreed to accept the obligations and assets of the Interim Commission under the Agreement with the U.N.R.R.A., and undertook to perform and continue the activities transferred by U.N.R.R.A. to the Interim Commission to the extent possible with the remainder of the funds made available under the Agreement. The Health Assembly instructed the Director General to convey to U.N.R.R.A. the appreciation of the Assembly for UNRRA's continued interest and assistance in the field of health.

(8) *Non-governmental organisations*: The general criteria to be fulfilled, before obtaining relationship with W.H.O. were approved (see doc. A/62)* (Appendix Y.5). The "approved" organisations will have the right to participate (without vote) in meetings of W.H.O. Committees and conferences, access to non-confidential documents and such other documents as D.G. may think fit and the right to submit memoranda which may, if approved be placed on the agenda of the Assembly.

(9) *U.N.I.C.E.F.*: In view of the temporary nature of UNICEF the Social Commission of the United Nations had recommended that its projects should be planned and administered in co-operation with permanent organisations so as to become part of the programmes of such organisations and had accordingly requested the Health Assembly to examine and report on the question of medical projects of UNICEF. The question of relationship between W.H.O. and UNICEF was referred to a working group under the chairmanship of Lieut.-Col. Mani (India). The report of this group is given in doc. A/Rel/34 (Appendix Z)*. The Health Assembly had accordingly resolved that the health projects of UNICEF fall within W.H.O. scope and that W.H.O. is ready and willing to handle these projects as soon as suitable arrangements can be made. Pending the ultimate taking over of UNICEF's medical projects by W.H.O., their implementation should be regulated by a "Joint Committee on Health Policy" consisting of four members each from the Executive Boards of W.H.O. and UNICEF. In regard to the B.C.G. programme of UNICEF as already established, the Health Assembly recognised the existence of special circumstances notably the agreements which have been concluded between the Danish Red Cross signing also on behalf of its Norwegian and Swedish associates, certain Governments and UNICEF, and directed the attention of the proposed Joint Committee on Policy to these circumstances.

(10) *United Nations Appeal for Children*: On a motion by the delegate of Ireland the Assembly commended the Appeal which was successfully mobilising people of the world to bring relief to millions of sick and under-nourished children and expressed the hope that funds from this appeal may be allotted to Specialised Agencies for those parts of their programmes which are directed to health and welfare of children. The Director General was instructed to establish contact with U.N.A.C. in order to discuss matters of common interest.

(11) *Pan-American Sanitary Bureau*: The question of relationship with the P.A.S.B. was referred to a working group under the chairmanship of Doctor Sen (India). The Health Assembly directed the Executive Board to continue

negotiations with the P.A.S.B. with a view to its integration, as soon as possible, with W.H.O. and if possible to conclude an agreement in accordance with Article 54 of the W.H.O. Constitution; pending which integration the Executive Board shall seek to conclude a working arrangement.

SUMMARY

24. The First World Health Assembly met in Geneva from 24th June to 24th July 1948 thus terminating the Interim Commission and bringing into existence the permanent World Health Organisation as a Specialised Agency of the United Nations. Geneva was selected as the permanent headquarters. Details of internal organisation, both central as well as regional, were decided upon. Permission has been given to start a Regional Bureau in India, for India, Burma, Ceylon, Siam and Afghanistan. A work programme for the year 1949 concentrating on six major problems of malaria, tuberculosis, venereal disease, maternal and child health, environmental hygiene and nutrition, was laid down. Two hundred fellowships were approved. Budgets for 1948 and 1949 were approved for five million dollars each. Scale of contributions from Member States was approved. Sanction was given for the appointment of numerous Expert Committees on technical subjects. Members for the Executive Board were selected. India was appointed to the Board for three years. A Director General was appointed. Formal agreements were made with the United Nations and its Specialised Agencies defining mutual relationship and manner of collaboration. A Joint Medical Policy Committee with International Children's Emergency Fund was approved. This Committee will regulate all medical programmes of I.C.E.F. such as B.C.G. vaccinations, control of venereal disease and training of medical personnel.

25. The Assembly finished its deliberations on 24th July. The Interim Commission as it existed up to the time of the First Health Assembly has been dissolved and its functions are to be performed by the Executive Board of the W.H.O. until 31st August 1948 after which date the Commission shall cease to exist altogether and its rights, obligations, assets and liabilities shall pass to the W.H.O. Such of the staff of the Commission as may be required shall be transferred to W.H.O. and become subject to W.H.O. staff regulations and Staff Rules.

26. It was decided to hold the next session of the Health Assembly in Europe leaving the actual choice of place to the Executive Board. Invitations have so far been received from London, Rome and Monaco.

27. The result of the Indian delegation's labours may be said to have been very satisfactory. The attitude of the Dominions was very helpful throughout. We may congratulate ourselves on the delegation's achievements in spite of opposition from the U.S.A., Netherlands and occasionally the U.K. It is good to note that there is a wealth of goodwill for India and for India's health problems among all the countries of the World.

21
ANNEXURE

The following comments on the question discussed in the brief relating to contribution may be kept in view for the purpose of apportionment of the contribution between India and Pakistan. Col. Mann claimed separate assessment, but as the U.N.O. had not decided the question of apportionment to the U.N.O. and as the W.H.O. had decided to accept the U.N.O. criteria and therefore the U.N.O. ratio as regards members of the U.N.O. no separate assessment could possibly be effected.

2. It is presumed that the separate assessment may be made by the Executive Board acting as the executive organ of the Health Assembly. Wherever and whenever the question of apportionment comes up, India ought not from the purely legal point of view to undertake liability 'to payment of the subscription due from undivided India for the period upto 31st December 1947'. (The portion within inverted commas is from the brief of the Government of India to the delegates of W.H.O.).

3. This position will be quite clear from a survey of the actual position. Page 71 of the official Records of the W.H.O. may be taken as the starting point. The Interim Commission lived on (a) loans from the United Nations (b) certain funds transferred to it. It is due to die on the 31st August 1948. Reference may be made in this connection to the draft resolution set out in the Official Records of the W.H.O. No. 10, page 29 and paper A/87 hereto, annexed. Paper A/87* is no longer provisional. It has been accepted by the Assembly on the 23rd July 1948, and furnishes the strongest argument in favour of the proposition that Pakistan is liable to pay her percentage or unit of the full contribution including the expenses of the Interim Commission incurred before the 15th August 1947 or December 1947.

4. The provision of the Resolution at Page 3 on analysis yields the following results:—

- (a) The Interim Commission continues as a legal entity till midnight of the 31st August 1948. As such it bears the huge expenses of the present sessions of the Assembly, a Session in which Pakistan has participated in full.
- (b) The Interim Commission ceases to exist after midnight of the 31st 'whereupon the property, records, assets, liabilities, responsibilities and obligations of and all rights and interest pertaining to the Interim Commission by whomsoever held or wherever situated, shall be transferred to the Organisation'. Pakistan is a party to this resolution. The basis of the Resolution is that the assets of the Interim Commission are the *quid pro quo* for the assumption of liabilities by the W.H.O. Pakistan cannot say that as a member of the W.H.O. she will enjoy the assets according to her share and not be liable for the liability.

5. The above is the legal position. From the point of view of fairness and accounting this is the only practicable position. Take the case of new entrants. They bear their proportionate share of the liabilities taken over from the Interim Commission. The principle is that they enjoy to the full extent the benefit of the assets and the work done by the Interim Commission as promoters of the W.H.O. For instance the Interim Commission prepared the constitution, Rules and various drafts for the W.H.O. and the members of the W.H.O. who were not members of the Interim Commission have full advantage of the expenditure incurred.

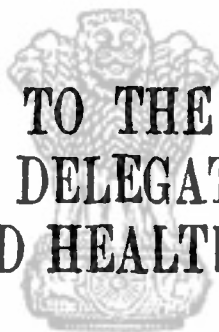
6. Lastly from the point of view of accountancy, if the proposition favourable to Pakistan is to be supported, every item of expenditure has to be scrutinized, a special balance sheet made out as of the 15th August 1947, or such later date as Pakistan entered the W.H.O. Such Balance Sheet has to be not only of the given date but shall have to take into account what expenditure of the Interim Commission is not represented by assets.

DHIREN MITRA,

* Not printed



**APPENDICES TO THE REPORT OF
THE INDIAN DELEGATION TO THE
FIRST WORLD HEALTH ASSEMBLY**



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FIRST WORLD HEALTH ASSEMBLY

A/78.Rev.1.

20 July 1948

ORIGINAL : ENGLISH

12.1. Programme

(Off. Rec. WHO, 10, page 3)

THIRD REPORT OF THE COMMITTEE ON PROGRAMME

The Committee on Programme held 12 meetings on 6, 7, 8, 9, 12, 13, 14, 15 and 16 July.

12.1.3 Malaria¹ (Off. Rec. WHO, 10, page 5)

The Committee recommends that the World Health Assembly adopt the following resolution :

The first World Health Assembly resolves to refer to the Executive Board for its consideration, the following :—

That governments, where malaria is a problem, take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for malaria control, particular attention being paid to the following :

- (i) Systematic registration where practicable of malaria cases.
- (ii) An appropriate organization for detecting new cases.
- (iii) The importance of adequate treatment.
- (iv) Measures, so far as practicable, for tracing the movements of carriers to prevent spreading of the disease.
- (v) The importance of extensive use of insecticides.
- (vi) The importance of making therapeutic and prophylactic treatment available to all who require it, regardless of ability to pay for such treatment.
- (vii) The improvement of methods of irrigation, cultivation and animal husbandry (including zoo-prophylaxis wherever this is advantageous) so that they will tend to reduce rather than intensify malaria prevalence.
- (viii) The careful planning of housing programmes, taking into consideration the relevant phases of malaria surveys.
- (ix) The active support of scientific research with a view to improving therapy and malaria prophylaxis.

¹It should be noted that the Assembly has already referred to the Executive Board the conclusions and recommendations of the Expert Committee on Malaria. (documents S.19 and A/VR(11)).

12.1.10 *International Epidemiology (Off. Rec. WHO, 10, 19--21)*

In addition to the resolutions already adopted by the World Health Assembly, (Second Report of the Committee on Programme)¹ the committee recommends that the World Health Assembly adopt the following resolution :

The first World Health Assembly resolves :

That the Expert Committee on International Epidemiology and Quarantine be instructed, in the light of new scientific knowledge available, to revise the existing International Sanitary Conventions—that of 1926/1944 on Maritime Navigation, those of 1933/1944 on Air Navigation and others of less importance—and combine them into a single body of Regulations covering the needs of all travellers. No special regulations would then be required for pilgrimages. These Regulations would form a chapter of the International Public Health Code.

Consultation Service on Quarantine

It is recommended that one or more experts nominated by the World Health Organization, or an expert on the staff of the Epidemiological Division, be available—acting in a consultative capacity and on request of any country—to advise on matters connected with the administration of sanitary conventions and regulations and, when necessary, to proceed to the country concerned to deal with such matters.

12.1.8 *Fellowships, Medical Literature and Emergency Services (Off. Rec. WHO, 10 page 16)*

The committee recommends to the World Health Assembly that the programme and organization as indicated on page 16 of *Off. Rec. WHO, 10*, should be adopted.

12.1.8.3.1 *Fellowships*

It is recommended that consideration should be given to the following points in the granting of fellowships :

- (a) the possibility of granting fellowships of short duration to candidates in key positions,
- (b) the desirability of contributions being made by countries in a position to do so, towards the cost of the fellowships granted to their candidates,
- (c) the possibility of additional fellowships being available for candidates fully paid for by their governments,
- (d) the extension of the fellowships programme to undergraduates, and foreign graduates employed by the governments of countries not possessing their own graduate health personnel suitable for fellowships, provided that these fellows agree to return at the termination of the period of study to the country through which they received their fellowship.

Documents S. 12 (Field Services) and S. 61 (Appeal of the International Committee of the Red Cross in favour of the victims of the Palestine conflict) were noted.

¹Doc. A/69.

12.1.8.3.2 *Medical Literature and Special Teaching Material*

It is recommended that document A/42, concerning the exchange of medical literature between members of the World Health Organization, be referred to the Executive Board for study, the first recommendation contained in this document being amended to read as follows :

- (1) That all Members of the Organization be invited to send to the Secretariat, at their own expense, the most important periodicals and works on medicine and public health that are published in their countries in sufficient number to provide one copy for each Member if possible.

12.1.8.3.3 *Emergency Medical Services*

It is recommended that in relation to serious epidemics, the World Health Organization should be regarded as the first source of assistance to which countries could have recourse.

12.1.9 *International Standards (Off. Rec. WHO, 10, page 17)*

12.1.9.1 *Therapeutic, Prophylactic and Diagnostic Agents*

The committee recommends to the World Health Assembly that the programme and organization as laid down in *Off. Rec. WHO*, 10, page 17, be accepted.

The committee recommends that the World Health Assembly adopt the following resolution.

The first World Health Assembly resolves :

- (1) That the Executive Board be instructed to establish during its first session an expert committee to be called "The Expert Committee on Biological Standardization of the World Health Organization", with the following terms of reference

To act as an advisory body to the World Health Organization as well as Sub-Committees on antibiotics, antigens, blood-groups, vitamins, hormones and others, as circumstances shall dictate.

- (2) That the World Health Organization set up within its Secretariat a Biological Standardization Section.

It is recommended that the attention of the Expert Committee on Biological Standardization be drawn to the desirability of standardizing the different types of penicillin, streptomycin and other antibiotics and to the possibility of establishing dry standards of diphtheria and tetanus toxoids.

The Committee recommends that the grants to the State Serum Institute Copenhagen, and the National Institute for Medical Research, Hampstead, be continued.

The committee noted the report of the Expert Committee on Biological Standardization of the Interim Commission (document S.17), and recommends that the International Salmonella Centre, Copenhagen, be taken over by the World Health Organization.

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12.1.9.2 *International Pharmacopoeia (Off. Rec. WHO, 10, page 17)*

The committee recommends to the World Health Assembly that the programme and organization as laid down in *Off. Rec. WHO*, 10, pages 17 and 18, should be accepted.

The committee recommends that the World Health Assembly adopt the following resolution.

The first World Health Assembly resolves

- (1) That the Executive Board be instructed to establish during its first session an expert committee to be called "The Expert Committee on the Unification of Pharmacopoeias of the World Health Organization", with the following terms of reference

to act as an advisory body to the World Health Organization.

- (2) That the World Health Organization set up within its Secretariat a Unification of Pharmacopoeias Section.

The committee noted document S.20 (Report on the second session of the Expert Committee on Unification of Pharmacopoeias of the Interim Commission), and also noted that translation of monographs by experts will be necessary.

12.1.12 Editorial Services and Publications (*Off. Rec. WHO*, 10, page 24)

The committee recommends to the World Health Assembly that the programme and organization as laid down in *Off. Rec. WHO*, 10, page 24 should be accepted.

The committee recommends that the World Health Assembly refer to the Executive Board for consideration—

- (1) A suggestion for the publication, in addition to the list given on page 24 of the Report of the Interim Commission (*Off. Rec. WHO*, 10), of "a periodical intended as a source of reference and index of medical publications."
- (2) A suggestion for the printing, in as many languages as possible, of the publications of the World Health Organization.

The committee noted documents S.56 and S.56 Add. 1 (General report on publications).

12.1.13 Reference Services and Library (*Off. Rec. WHO*, 10, page 25)

The committee recommends to the World Health Assembly that the programme and organization, as laid down in *Off. Rec. WHO*, 10, page 25, should be accepted.

The committee noted document A/Rel.25 (Resolution of the Committee on Relations on the transfer to the World Health Organization of the health and medical section of the League of Nations Library).

12.1.14.1 World Health Day (*Off. Rec. WHO*, 10, page 25)

The committee recommends that the World Health Assembly adopt the following resolution :

The first World Health Assembly resolves—

That the Executive Board be instructed to sponsor a "World Health Day", and it is suggested that 22 July be chosen, in commemoration of the signing on 22 July 1946 of the Constitution of the World Health Organization by 61 nations.

12.1.7 Other Activities (*Off. Rec. WHO*, 10, pages 10—15)

The committee considered, item by item, the activities listed under "Other Activities" (*Off. Rec. WHO*, 10, pages 10—15).

The programme and organization as suggested by the Interim Commission was generally endorsed, subject to the following resolution, which is recommended for adoption by the World Health Assembly :--

The first World Health Assembly resolves—

That the Executive Board be instructed to give consideration to the following grouping and priorities of the items listed under " Other Activities " (*Off. Rec. WHO*, 10, pages 10—15), and to the expert committees and staff proposed for dealing with these activities.

12.1.7.3 Nutrition.

It is recommended that nutrition be given the same top priority as that already granted to malaria, maternal and child health, tuberculosis and venereal diseases.

The Committee recommends that the World Health Assembly adopt the following resolution:

The first World Health Assembly resolves—

- (1) That the Executive Board or the Director-General of the World Health Organization be instructed to co-operate in establishing a joint committee of WHO and FAO on nutrition, when necessary, to act as an advisory body to the World Health Organisations and FAO with the following terms of reference :
- (2) That this joint committee should consist of not more than ten members.
- (3) That the nomination of a panel of corresponding members be referred to the Executive Board.
- (4) That the World Health Organization set up within its Secretariat a Nutrition Section.

The Committee recommends referring to the joint committee, when formed, the subjects of endemic goitre and pellagra.

Environmental Sanitation (Sanitary Engineering)

The Committee recommends that environmental sanitation be given top priority on the same level as malaria, maternal and child health, tuberculosis, venereal diseases and nutrition.

The Committee recommends that an expert committee and a section in the Secretariat be formed to deal with this subject, which shall include the following items :

- 12.1.7.1.9 }
12.1.7.1.12 } Urban and rural sanitation and hygiene¹

¹It is recommended that the attention of the World Health Assembly be drawn to the joint responsibilities of WHO with UNESCO and FAO in the field of rural and tropical hygiene, which may involve the setting up of a joint committee with FAO.

The committee decided that the term " Tropical hygiene " should be abandoned and that the items 12.1.7.1.9 Rural hygiene and 12.1.7.1.12 Tropical hygiene should be merged under one title " Urban and rural sanitation and hygiene ".

12.1.7.1.2 Housing and town and country planning¹

12.1.7.6.4 Natural resources²

It is recommended that the staff of this section shall include at least one well-qualified sanitary engineer with field experience.

Public Health Administration

It is recommended that the Executive Board be instructed to refer to the Secretariat for study the last two paragraphs of document A/Prog/33 taking into consideration the importance of adequate full-time local health services.

It is recommended that this subject include the following items

12.1.7.1.1 Hospitals and clinics

12.1.7.1.4 Medical care

12.1.7.1.5 Medical rehabilitation³

12.1.7.1.6 Medical social work⁴

12.1.7.1.7 Nursing⁵

12.1.7.1.8 Public-health administration
Health education

12.1.7.1.3 Industrial hygiene⁶

12.1.7.6.2 Hygiene of seafarers.

It is recommended that small joint committees with the International Labour Organization be formed to deal with the two last subjects.

With regard to nursing, the committee felt that no expert committee could be recommended for 1949, but the setting up of one should be reconsidered by the second World Health Assembly. In the meantime nursing representation should be considered where appropriate in the appointment of expert committees.

The staff for the above group of subjects should include at least one expert in public health administration and one well-qualified public health nurse in a position of responsibility.

The Committee recommends that public-health administration should be given number two priority in the list of Other Activities.

Parasitic Diseases

It is recommended that the group of parasitic diseases should include the

¹It is recommended that the programme of housing and town and country planning, as recommended by the Interim Commission, be developed and the proposed co-operation with other bodies active in the field be authorized.

²The committee recommends that the World Health Organization should be suitably represented at the United Nations Conference on the Conservation and Utilization of Resources.

³Special attention should be given to the rehabilitation of soldiers and others injured as a result of the war.

⁴It is noted that more extensive use should be made of medical social workers.

⁵It is noted that an increase in the number of nurses and a more appropriate use of the services of those available is desirable in many countries.

⁶It is noted that a wide interpretation should be given to the term "industrial", which might be substituted by the word "occupational".

following items :

- 12.1.7.4.1 Ankylostomiasis
- 12.1.7.4.2 Filariasis
- 12.1.7.4.3 Leishmaniasis
- 12.1.7.4.5 Schistosomiasis
- 12.1.7.4.6 Trypanosomiasis.

The Committee recommends : the establishment of a nuclear committee of experts and a panel of experts possessing specialized knowledge of the subjects included in the group.

It is recommended that the staff for this group should include at least one well-qualified parasitologist with broad field experience.

It is recommended that this group be given number three priority.

It is recommended that the first object of study in this group be schistosomiasis.

Virus Diseases

It is recommended that the group of virus diseases should include the following items :

- 12.1.7.5.1 Poliomyelitis¹
- 12.1.7.5.2 Influenza²
- 12.1.7.5.3 Rabies³
- 12.1.7.5.4 Trachoma⁴

The committee recommends the establishment of a nuclear committee of experts and a panel of experts possessing specialized knowledge of the subjects included in this group.

It is recommended that the staff for this group should include at least one well-qualified expert in virus diseases.

It is recommended that this group be given number four priority.

Mental Health

It is recommended that in addition to mental health proper (12.1.7.2—*Off. Rec. WHO*, 10, page 12) this item should include the subjects :

- 12.1.7.2.1 Alcoholism

¹It is recommended that the proposals regarding iron lungs (document A/Prog/41) and poliomyelitis (A/Prog/40) be referred to that part of the Secretariat dealing with the items of this group for their consideration and for the preparation of a report to be submitted to the second World Health Assembly.

²The committee recommends that the grant proposed by the Interim Commission to the World Influenza Centre established in London be continued.

³It is recommended that the nuclear committee consider the possibility of an international conference on rabies and the practicability of extending vaccination of dogs as suggested in document A/36.

⁴It is recommended that in the work on trachoma active co-operation be maintained with ophthalmological institutes and that arrangements be made for post-graduate work by WHO fellow at such institutes.

and 12.1.7.2.2 Drug addiction.¹

The committee recommends the establishment of a nuclear committee of experts.

It is recommended that the staff for this group should include at least one expert in mental health.

It is recommended that this group be given number five priority.

The committee recommends that the World Health Assembly offers its good wishes for success to the International Congress for Mental Health.

The committee recommends that the World Health Assembly authorize the Executive Board to consider such recommendations of the International Congress for Mental Health as may be made to the World Health Organization and to take such interim action for their implementation as it may find to be desirable and practicable and within the scope of the budget.

Habit-forming Drugs

The Committee recommends that the World Health Assembly adopt the following resolution

The first World Health Assembly resolves :

1. That the Executive Board be instructed to establish during its first session, an expert committee to be called "The Expert Committee on Habit-forming Drugs of the World Health Organization", with the following terms of reference :

to act as an advisory body to the World Health Organization and the United Nations.

2. That this expert committee should consist of not more than ten members.

It is recommended that the following items be given number six priority :

12.1.7.6.1 *Cancer*

It is recommended that the study of cancer be entrusted to the Section on Health Statistics.

12.1.7.6.5 *Rheumatoid Diseases*

It is recommended that the study of these diseases be entrusted to the Section on Health Statistics.

12.1.7.4.4 *Leprosy*

It is recommended that this item be entrusted to the Epidemiological Division.

12.1.7.1.11 *Technical Education*

It is recommended that this item be entrusted to the Section dealing with Fellowships (12.1.8.3.1).

It is noted that adequate time should be devoted to the training in pediatrics of medical practitioners and pediatricians.

¹Attention is drawn to the difference between the functions of this group of experts on mental health and the Expert Committee on Habit-forming Drugs, composed of pharmacologists, which is required—under the arrangements with the United Nations—to advise them on the habit-forming character of drugs with a view to their control under the 1925 and 1931 Conventions.

The committee recommends referring to the Executive Board for consideration and, if necessary, for action document A.68 (Resolution of Association of American Medical Colleges on the importance of stimulating the production, use and exchange of films and other audiovisual media in medicine, health and their related sciences).

Brucellosis

It is recommended that the proposal (A/Prog/55) for the setting up of a world centre for this disease be referred to the Executive Board for study and, if deemed necessary, action.

Proposed Bureau of Medical Supply

The committee recommends the setting up of a bureau (as proposed in documents A/Prog/24 and A/26) to give advice on the procurement of essential drugs, biological products and other medical supplies, special consideration being given in case of emergency.

The committee further recommends that this proposal be referred to the Executive Board for study and action.

It should be noted that the Pan American Sanitary Bureau has kindly offered its co-operation.

Penicillin

The committee recommends to the World Health Assembly that the Executive Board should be authorized to come to an agreement with the UNRRA authorities with regard to the taking over of the completion of penicillin plants, the funds for this to be provided by UNRRA.

12.1.7.6.3 Insulin

It is recommended that this item be grouped with procurement of medical supplies, for consideration by the Executive Board.

Miscellaneous

The committee recommends that the proposal for the study of stomatology and dental hygiene contained in document A/Prog/18 be referred to the Executive Board for its consideration and, if necessary, for action.

The committee recommends that the proposal for the study of hygiene and bacteriology laboratories contained in document A/Prog/18 be referred to the Executive Board for its consideration and, if necessary, for action.

The committee recommends that the proposal on physical training contained in document A/25 be referred to the Executive Board for its consideration and report to the second World Health Assembly.

The committee recommends that the study of "Bejal" proposed in document A/Prog/27 be submitted to the Executive Board for reference to the Expert Committee on Venereal Diseases.

FIRST WORLD HEALTH ASSEMBLY

A/69

16 July 1948

ORIGINAL: ENGLISH

SECOND REPORT OF THE COMMITTEE ON PROGRAMME

12.1.3 Malaria (*Off. Rec. WHO*, 10, page 5)

The Committee recommends that the World Health Assembly adopt the following resolution:

WHEREAS the eradication of an entire genus of a disease-carrying insect from a given area represents a great achievement in the field of science and public health:

WHEREAS the Government of Italy is carrying out successfully a programme for the eradication of anophelines from the island of Sardinia;

WHEREAS, pending the study of the general applicability of measures for the prevention of the introduction of all species or certain species of anophelines into areas which are free, or have been freed from them, it is urgent that the Italian Government take measures to prevent the reintroduction of anophelines into Sardinia;

THE WORLD HEALTH ASSEMBLY

1. Recognizes the right of the Italian Government to apply, at its own expense, measures of disinsectization, apart from those required by existing international sanitary conventions, of the character specified in appendix A to this resolution.
2. Requests the Director-General to bring to the attention of all Members the interest of the Assembly in the efforts being made by the Government of Italy towards eradication of anophelines from Sardinia and prevention of their reintroduction, and to recommend the fullest practicable co-operation by all Members.
3. Authorizes the Executive Board to recognise the right to similar action by other Members on their request for the prevention of the introduction of all species or of certain species of anophelines into areas freed from such species or naturally free from them, provided that the Board is satisfied that the conditions in such areas are of a character to warrant carrying-out of such action.
4. Directs the Executive Board to report fully to the Health Assembly concerning any action taken pursuant to the foregoing paragraphs.
5. Instructs the Executive Board to arrange for a comprehensive study of the measures which might be given general application for the prevention of introduction of anophelines, utilizing for such study the appropriate expert committees, this study to take into account the effect of such measures upon international trade and travel.
6. Urges upon all Members confronted with the problem of malaria the importance of taking measures to prevent the establishment or spread of anophelines within their own borders.

Appendix A and corrigendum and appendix B to document A/Prog/29 Rev. 1 are noted.

12.1.4 *Maternal and Child Health (Off. Rec. WHO, 10, pages 6-7)*

The first World Health Assembly has approved the programme submitted by the Interim Commission on maternal and child health and has instructed the Executive Board to establish an expert committee on maternal and child health and to set up within the Secretariat a section to deal with these matters.

WHEREAS the Assembly considers that the children of today represent the whole future of humanity and that maternal and child health is a problem of primary importance,

The first World Health Assembly recommends that governments take—subject to the conditions in their countries—preventative, curative, legislative, social and other measures necessary for the protection of the health of mothers before, during and after confinement, as well as for the welfare and upbringing of children, drawing special attention to :

- (a) the protection of the health of adolescents—particularly girls—and expectant and nursing mothers who are employed in gainful occupations, and the prohibition of the gainful employment of children.
- (b) introduction of leave of absence for expectant mothers and leave after the birth of the child, with the continuation for the duration of leave of adequate wages.
- (c) access to adequate attendance for mothers during the birth of the child, both at home and in hospital, especially for artificially-aided births.
- (d) the organization of non-governmental and governmental institutions where adequate medical consultation on pregnancy hygiene and on feeding, care and upbringing of children can be made accessible to families.

The World Health Organization should, through the maternal and child health and other sections :

- (a) help to give effect to recommendations made by the Expert Committee and approved by the Executive Board of WHO on matters of maternal and child health ;
- (b) give appropriate assistance to States with the agreement and on the request of the governments concerned, on matters concerning investigation and lowering of maternal and infant mortality and maternal and child health services ; and
- (c) collect and disseminate information on maternal and child health, acting as an international co-ordinating centre for activities for the benefit of mother and child.

12.1.5 *Tuberculosis (Off. Rec. WHO, 10, page 8)*

The committee recommends that the World Health Assembly adopt the following resolution :

That governments take—subject to the conditions in their countries—preventative, curative, legislative, social and other measures necessary for tuberculosis control, particular attention being paid to the following :

- (i) Registration of every case of confirmed and suspected tuberculosis and of death from tuberculosis.
- (ii) The importance of making institutional treatment available to all who require it, regardless of ability to pay. If such institutional treatment is not possible, treatment at home with adequate isolation.

- (iii) Contact tracing and control.
- (iv) Establishment of clinics for diagnostic examination and follow-up, with such service available free of charge.
- (v) Establishment of procedures to ensure the examination of all tuberculosis suspects.
- (vi) The securing of a sufficient number of beds in tuberculosis hospitals.
- (vii) Routine tuberculin-testing free of charge when necessary.
- (viii) BCG vaccination free of charge when necessary.
- (ix) Mass X-ray examination free of charge when necessary.
- (x) Compensation for the lowered earning ability of the afflicted person.
- (xi) Rehabilitation of patients.
- (xii) Extermination of tuberculous cattle.

It is recommended that the proposals on pages 2 and 3 of document A/Prog[29].Rev.1, and corrigendum, entitled "Draft Resolution on Tuberculosis proposed by the delegation of Czechoslovakia" be submitted to the Executive Board for reference to the Expert Committee on Tuberculosis of the World Health Organization.

12.1.6 Venereal Diseases (*Off. Rec. WHO*, 10, page 9)

The Committee recommends that the World Health Assembly adopt the following resolution :

That the programme and organization as indicated on page 9 of *Off. Rec. WHO*, 10, should be accepted, with the exception of the section on "A panel of corresponding members" which is recommended for reference to the Executive Board.

The Committee noted that in the fourth sentence of item 12.1.6.3.2.2 (Action on the international plane) *Off. Rec. WHO*, 10 page 9 the word "individual" should be omitted from the text.

THE WORLD HEALTH ASSEMBLY APPROVES

the programme submitted by the Interim Commission for international combating of these diseases ; and in order that suitable action may be taken by Governments.

THE WORLD HEALTH ASSEMBLY RECOMMENDS

1. That Governments take—subject to the conditions in their countries—preventive, curative, legislative, social and other measures necessary for venereal disease control, particular attention being paid to the following :

- (i) notification of primary and secondary syphilis ; declaration of sources of infectious contacts ; and national and international contact tracing ;
- (ii) systematic pre-marital and pre-natal examinations including serological tests for syphilis ;
- (iii) comparative study of antigens and serodiagnostic methods in syphilis on the national and international plane.

- (iv) establishment of optimum standards of treatment and of making such treatment available to all ; with special reference to the importance of preventative treatment of syphilis in pregnancy ;
- (v) compulsory treatment of persons suffering from communicable venereal diseases and compulsory hospitalization of those who refuse to submit to treatment.

THE WORLD HEALTH ASSEMBLY FURTHER RESOLVES :

2. That consultations be held with United Nations and with other international organizations combating prostitution, traffic in women and children, etc., particular attention being paid to the following :

- (i) The abolition of legal recognition and toleration of prostitution, and the rejection of prostitution as a means of livelihood ;
- (ii) the desirability of making all traffic in prostitution a criminal offence ;
- (iii) the importance of social and economic measures in the fight against prostitution, including the improvement of standards of living, re-education, rehabilitation and assistance from agencies concerned with the moral and social aspects of the problem.

3. That measures be taken for the revision and expansion of the provisions of the Brussels Agreement of 1924 with a view to their incorporation into international regulations for the control of the spread of venereal diseases.

4. That the Executive Board be instructed to establish during its first session an expert committee to be called " The Expert Committee on Venereal Infections of the World Health Organization " with the following terms of reference :

To act as an advisory body to the World Health Organization.

5. That the World Health Organization set up within its Secretariat Venereal Disease Section.

The committee recommends that the second part of the aforementioned resolution should be referred to the Committee on Relations.

12.1.10 International Epidemiology (Off. Rec. WHO, 10, 19—21)

The committee recommends to the World Health Assembly that the programme and organization as indicated on pages 19, 20 and 21 of *Off. Rec. WHO*, 10, should be accepted.

It is recommended that the Expert Committee on Quarantine and the Expert Committee on International Epidemic Control should be merged into one Expert Committee to be called The Expert Committee on International Epidemiology and Quarantine of the World Health Organization.

The committee recommends that the World Health Assembly adopt the following resolution :

THE FIRST WORLD HEALTH ASSEMBLY RESOLVES :

(1) That the Executive Board be instructed to establish during its first session :

- (i) an expert committee to be called The Expert Committee on International Epidemiology and Quarantine of the World Health Organization ;
- (ii) an expert committee to be called The Expert Committee on Plague of the World Health Organization ;

both with the following terms of reference :

to act as an advisory body to the World Health Organization.

(2) That the Expert Committee on International Epidemiology and Quarantine should include a sub-section on quarantine and have available :

- (a) the services of a legal sub-committee
- (b) a panel of experts on yellow fever.
- (c) joint study groups on cholera, smallpox and vaccination, and other epidemiological problems.

(3) That the World Health Organization set up within its Secretariat a Division for the administration and revision of International Sanitary Legislation and for epidemiological studies, publications of epidemiological reports and codes and quarantine directories.

The committee stressed the desirability of entrusting to the staff of the Epidemiological Division the epidemiological studies required on special endemic diseases and virus diseases not otherwise provided for.

Documents S.21 (Report of a Group of Experts on Plague to the Executive Secretary of the Organizing Committee of the Fourth International Congress on Tropical Medicine and Malaria) ; S.22 (Summary Report of the first session of the OIHP-WHO joint Study Group on Plague, Typhus and Some Diseases in respect of which Measures on an International Level may be required) ; S.23 (Summary Report of the first session of the OIHP-WHO Joint Study Group on Cholera) ; S.25 (Report of the Chairman of the Expert Committee on International Epidemic Control to the Chairman of the Interim Commission) ; and S.26 (International Epidemic Control) were noted.

Document S.24 (Summary Report of the first session of the OIHP-WHO Joint Study Group on Smallpox) ;

It was noted that the discussion on this document, as recorded in the minutes, will be referred to the Joint Study Group of Experts on Smallpox and on the Expert Committee on International Epidemiology and Quarantine.

The Committee agreed on the principles laid down in document A/Prog/64 (Suggestions regarding the functions and composition of the proposed Group on Insecticides), and recommends that the World Health Organization adopt the following resolution :

The first World Health Assembly resolves that the Executive Board be instructed

- (1) to establish a small committee of three experts with broad knowledge of insecticides and their uses, preferably representatives of the more important existing national insecticides committees ;
- (2) to set up a panel of experts possessing specialized knowledge of the following subjects--two or three experts for each subject :
 - (a) chemistry of insecticides
 - (b) disinsectization of aircraft
 - (c) mechanical devices for such disinsectization
 - (d) other dusting and vaporization devices
 - (e) airplane dusting
 - (f) insecticide application in houses.

12.1.11 *Health Statistics* (*Off. Rec. WHO*, 10 page 22)

The committee recommends to the World Health Assembly that the programme and organization as indicated on pages 22 and 23 of *Off. Rec. WHO*, 10, should be accepted with the exception of a section on a panel of corresponding members which is recommended for reference to the Executive Board.

The committee recommends that the World Health Assembly adopt the following resolution :

THE FIRST WORLD HEALTH ASSEMBLY RESOLVES

- (1) That the Executive Board be instructed to establish during its first session an expert committee to be called the Expert Committee on Health Statistics of the World Health Organization, with the following terms of reference :
to act as an advisory body to the World Health Organization.
- (2) That temporary sub-committees should be set up as required.
- (3) That the World Health Organization set up within its Secretariat a Health Statistics Section.

The committee approved document A/Prog/60 (Report of the Working Party on Health Statistics) and recommends that the World Health Assembly adopt the following resolutions contained therein :

I. The World Health Assembly adopts the Draft WHO Regulations No. 1 regarding *Nomenclature* (including the compilation and publication of statistics, *with respect to diseases and causes of death* (document A/3 Rev. 1), together with its Annexes (document A/3 Add. 1).

Note—The committee notes that the legal aspects of these Regulations have been referred to the Legal Committee.

II. The World Health Assembly recommends that, as an interim measure, Members include for statistical purposes among liveborn infants all infants who after complete separation from the mother showed *any* sign of life.

III. The World Health Assembly recommends that, as an interim measure, Members, in publishing statistics, indicate whether the tabulated vital data refer to the *place of occurrence* or to the *place of residence*, whatever the definition of "residence" may be.

IV. The World Health Assembly resolves to endorse the principle contained in the recommendation and resolution of the Paris Revision Conference regarding the establishment of national committees on vital and health statistics, and

further resolves to instruct the Executive Board to take the steps necessary to co-ordinate the work of such committees with that of the World Health Organization.

SUPPLEMENTARY REPORT

Revision of International Sanitary Legislation

(PROVISIONAL AGENDA, 12.1.10.1.22: Off. Rec. WHO, 10, 20)

Report of the Chairman of the Expert Committee on International Epidemic Control to the Chairman of the Interim Commission.

INTERIM COMMISSION

WHO.IC|206

WHO.IC|Epid|10

8 June 1948

REPORT OF THE CHAIRMAN OF THE EXPERT COMMITTEE ON INTERNATIONAL EPIDEMIC CONTROL TO THE CHAIRMAN OF THE INTERIM COMMISSION.

The following report was sent as a letter to Dr. A. Stampar, Chairman of the Interim Commission :

" London, 27 April 1948

" SIR,

" I have the honour to report herewith the work done by the Expert Committee on International Epidemic Control at its first session from 12 to 17 April 1948.

" The first session of the Committee was preceded by the meeting of three study groups set up jointly by the OIHP and the WHO with a view to furnishing expert advice on the pestilential diseases to the Expert Committee.

" The study groups made observations on recently established facts which, in their opinion, should be taken into consideration in the drafting of international sanitary regulations and undertook or recommended investigation on points which, in this respect, still required elucidation.

" Study group I dealt with *cholera*. It met from 5 to 7 April and included Dr. C. G. Pandit, Director of the King Institute of Preventive Medicine, Madras, Dr. Aly Tewfik Shousha Pasha, Under Secretary of State for Public Health, Cairo, Dr. P. Bruce White, National Institute for Medical Research, Hampstead, London. Its draft report was issued in restricted form under number WHO.IC|Epid|.5.

" Study group II on *smallpox* met in Paris from 8 to 10 April and it included Dr. E. T. Conybeare, Ministry of Health, London, Professor Lemierre of the Académie de Médecine, Paris, Dr. Ralph E. Muckenfuss, New York City Health Department Laboratory, Dr. C. G. Pandit, Director, King Institute for Preventive Medicine, Madras. Its draft report was presented in restricted form under number WHO.IC|Epid|.6.

" Study group III dealt with *plague, typhus* and some diseases in respect of which measures on an international level might be required. It met from 31 March to 3 April and included Dr. Aujaleu, Director of Social Medicine, Ministry of Public Health, Paris, Dr. G. Blanc, Director of the Pasteur Institute of Morocco, Casablanca, Dr. P. C. C. Garnham, Professor at London School of Hygiene and Tropical Medicine, Dr. Atilio Marchiavello, U.S. Public Health Service, representing the Pan American Sanitary Bureau, Lima, Peru, and Major-General Sir Sahib Singh Sokhey, Director of the Haffkine Institute, Bombay. Its draft report was represented in restricted form under WHO.IC.Epid|.4.

" Dr. M. Gaud, Interim Director of the OIHP, led the discussions and later acted as the Group's rapporteur to the Expert Committee. Dr. Y. Biraud, Director of Epidemiology and Public Health Statistics, WHO, acted as Secretary of the study groups and of the Expert Committee, assisted by Dr. G. Stuart and M. de Brancion. Medical officers of the WHO, who had prepared comprehensive bibliographical surveys on these diseases, Dr. W. M. Bonne for cholera and plague, Dr. J. Fabre for smallpox and Dr. M. M. Sidky for typhus, also attended the meetings of the corresponding study groups.

" The Committee agreed with members of study groups that protective measures taken by countries at their respective borders under existing International Sanitary Conventions were palliatives, as effective international control of epidemics required delimitation of endemic areas whence epidemics of pestilential diseases originated. It recommended therefore (1) a delimitation and (2) an attack on the endemic foci with the technical help of the WHO, if needed. The Committee considered simplifications and improvement of the present system of disseminating urgent information on pestilential diseases and particularly the possibilities of extending the system of broadcasting telegraphic epidemiological bulletins.

" The Committee considered in its session each of the pestilential diseases, except yellow fever which, in its view, would be dealt with at a later session after consultation with the WHO Yellow Fever Panel. For each disease it examined the views of experts, selecting from the investigations proposed those which bore directly on quarantine practice, and suggested other lines of research, both for the study groups and the Secretariat.

" The Committee decided to include louse-borne relapsing fever among the pestilential diseases and to include cerebrospinal meningitis, dengue fever, epidemic influenza and poliomyelitis among the diseases for which immediate notification must be made in case of epidemic.

" It decided to refer to the Expert Committee on Biological Standardization questions relating to standards of vaccines against cholera and smallpox. It referred to the Expert Committee on Malaria the request made by the Italian Government for special protective measures against the re-introduction of anopheline mosquitoes into Sardinia, an island from which the malaria vectors had been eradicated.

" The Committee recommended that active studies with a view to establishing international standards for the disinsectization of aircraft should be pursued with, if necessary, recourse to expert help and advice.

" The Committee recommended the holding of a second session in November 1948, when it could have the benefit of the advice provided by the joint study groups which, it was suggested, could meet again in October.

" The Committee has incorporated the above recommendations, together with a number of observations in Document WHO.IC|Epid|8 Rev.1. In view of the preliminary character of the work of its first session, the Committee was of opinion that this document should be regarded as a technical record for the use of its own members and of those of the expert study groups and that, until revised and completed at future sessions, it should be treated as confidential.

" A full report to the WHO will be issued in due course. Meanwhile the studies recommended by the Committee will be actively pursued.

I have the honour to be, Sir,
Your obedient Servant,

DR. M. T. MORGAN, *Chairman,*
Expert Committee on International Epidemic Control."

FIRST WORLD HEALTH ASSEMBLY

A/3, Rev. 2

22 July 1948

ORIGINAL : ENGLISH

WHO REGULATIONS NO. 1

regarding

Nomenclature (including the compilation and publication of statistics)
with respect to *Diseases and Causes of Death*

The World Health Assembly,

Recognizing the importance of ensuring as far as possible the uniformity and comparability of statistics of diseases and causes of death,

having regard to Articles 2(s), 21(b), 22 and 64 of the Constitution of the World Health Organization,

adopts this twenty-fourth day of July one thousand nine hundred and forty eight the following Regulations, which may be cited as the *Nomenclature Regulations 1948*.

ARTICLE 1

Members of the World Health Organization for whom these Regulations shall come into force under Article 20 of the present Regulations (hereinafter referred to as Members) shall compile and publish annually for each calendar year statistics of causes of death, in accordance with Articles 2—8, 12, 17—19 of the Regulations and in accordance with the classification, nomenclature and numbering as set out in the Lists given in the Manual of the International Statistical Classification of Diseases, Injuries and Causes of death, annexed to the present Regulations. The Lists hereinafter mentioned are the Lists set forth in the Annex.

ARTICLE 2

Each Member shall code mortality statistics in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death with or without four digit subcategories, and using for the purpose the Tabular List of Inclusions and Alphabetical Index.

ARTICLE 3

Each Member shall publish statistics of causes of death in respect of :

- (a) its territory as a whole
- (b) principal towns
- (c) national aggregates of urban areas (districts)
- (d) national aggregate of rural areas (districts).

Each Member shall append to the statistics referred to under (c) and (d) the definition of "urban" and "rural" areas applied therein.

For the purpose of this Article and of Articles 6 and 16, "territory" designates the Metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other outlying possessions or territories under trusteeship.

ARTICLE 4

Statistics of causes of death in respect of the territory of a Member, taken as a whole, shall be published in accordance with :

- (a) the List of three-digit categories of the Classification (Detailed List) with or without four-digit subcategories,
- or, if this is not possible, in accordance with :
- (b) the Intermediate List of 150 Causes.

ARTICLE 5

Statistics of causes of death in respect of : principal towns, national aggregates of urban areas (districts), national aggregate of rural areas (districts) shall be published in accordance with :

- (a) the Intermediate List of 150 Causes,
- or, if this is not possible, in accordance with :
- (b) the Abbreviated List of 50 Causes.

If they are given in greater detail, without reaching the extent of the Detailed List, they shall be so arranged that, by suitable grouping they can be reduced to the Intermediate List of 150 Causes or to the Abbreviated List of 50 Causes.

ARTICLE 6

Statistics of causes of death shall be published according to the following sex and age groupings :

- (a) for the whole territory of the Member :
 - (i) by sex and
 - (ii) for the ages :
 - under one year
 - single years to 4 years inclusive, five-year groups from 5 to 84 years
 - 85 years and over ;
- (b) for :
 - each town of 1,000,000 population and over, otherwise the largest town with population of at least 100,000 ;
 - national aggregate of urban areas of 100,000 population and over ;
 - national aggregate of urban areas of less than 100,000 population ;
 - national aggregate of rural areas
 - (i) by sex and
 - (ii) for the ages :
 - under one-year
 - 1—4 years
 - 5—14 years
 - 15—24 years
 - 25—44 years
 - 45—64 years
 - 65—74 years
 - 75 years and over.

If the age grouping is given in greater detail it shall be so arranged as to allow condensation into the age groups under (b) (ii).

ARTICLE 7

If statistics for administrative subdivisions are published by age the age grouping given under (b) (ii) of Article 6 shall be used.

ARTICLE 8

If special statistics of infant mortality are published by age, the following age grouping shall be used :

by single days for the first week of life (under one day, 1, 2, 3, 4, 5, 6 days)

7—13 days

14—20 days

21—27 days

28 days to 2 months

by single month of life from 2 months to one year (2, 3, 4 . . . 11 months).

ARTICLE 9

Each Member shall adopt a form of medical certificate of the cause of death that provides for the statement of :

I. the disease or condition directly leading to death, together with such antecedent morbid conditions as may exist, so that the underlying cause of death will be clearly indicated, and

II. such other significant conditions contributing to the death but not related to the disease or condition causing death.

The form of medical certificate of cause of death to be used shall conform as far as possible to the model given in the Annex.

ARTICLE 10

As far as possible, medical certification of the cause of death shall be the responsibility of the attending physician.

ARTICLE 11

As far as possible, the administrative procedure for the completion, transmission and statistical treatment of the medical certificate of cause of death shall ensure protection of the confidential nature of the medical information contained therein.

ARTICLE 12

Each Member shall adopt the underlying cause as the main cause for tabulation of mortality statistics. The selection of the underlying cause from the information stated on the Medical Certificate of Cause of Death shall follow the rules given in the Annex.

ARTICLE 13

Each Member, when preparing statistics of *morbidity* shall code the causes of illness in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death with or without four-digit subcategories using for the purpose the Tabular List of Inclusions and Alphabetical Index.

ARTICLE 14

Each Member, when publishing statistics of morbidity, shall do so in accordance with :

- (a) the Detailed List, or
- (b) the Intermediate List of 150 Causes, or
- (c) the Special List of 50 Causes adapted to the use of social security organizations,

depending upon the purpose of such statistics.

If they are published in another form the categories selected shall be so arranged that by suitable grouping they can be reduced to (a) the Detailed List, or (b) the Intermediate List, or (c) the Special List.

ARTICLE 15

Statistics of morbidity shall, in so far as possible, be compiled and published in accordance with the sex and age groupings specified in Articles 6, 7 and 8 for mortality statistics.

ARTICLE 16

Each Member undertakes to recommend that morbidity statistics published or compiled by autonomous official or non-official institutions and agencies within its territory conform as far as possible with the provisions of Articles 13—17.

ARTICLE 17

Each Member, in compiling and publishing mortality and morbidity statistics, shall have regard to such technical Recommendations as may be made on these subjects by the World Health Assembly under Article 23 of the Constitution.

ARTICLE 18

Each Member shall, under Article 64 of the Constitution, provide the Director-General of the Organization with a copy of the statistics published in accordance with the present Regulations.

ARTICLE 19

The present Regulations shall come into force on the 1st of January 1950.

ARTICLE 20

The present Regulations shall apply to each Member, except such Member as may, under Article 22 of the Constitution, notify the Director-General of the Organization, within a period of 12 months from the date of adoption of these Regulations by the Assembly, of rejection or of reservations.

ARTICLE 21

Each Member may withdraw its rejection or the whole or any part of its reservations at any time by notifying the Director-General of the Organization.

ARTICLE 22

Each Member to which the present Regulations apply shall bring them to the notice of the Governments of the territories for whose international relations it is responsible, and may at any time notify the Director-General

of the Organization that the Regulations shall extend to any or all of such territories with or without reservations. Each Member may withdraw the whole or any part of such reservations at any time by notifying the Director-General.

ARTICLE 23

The Director-General of the Organization shall notify all Members of the Organization of any rejections, reservations or withdrawals made under Articles 20, 21 and 22 of the present Regulations.

ARTICLE 24

The present Regulations and the Annex thereto may be amended by the World Health Assembly by regulations adopted under Articles 21 and 22 of the Constitution.

IN FAITH WHEREOF we have appended our signatures this.....
.....day of19.....

The President of the World Health Assembly.....
.....

The Director-General of the World Health Organization.....
.....

ANNEX

N.B.—The Annex alluded to in the above Regulations is the WHO Manual of the "International Statistical Classification....", the full title and content of which are shown below; its essential parts: (3) (a), (4) and (5), are reproduced in document A/3.Add.1.

WORLD HEALTH ORGANIZATION MANUAL OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSES OF DEATH

Sixth Revision of the International Lists of Diseases and Causes of Death
adopted in 1948

Vol. I

- (1) Preface
- (2) Introduction
- (3) International Statistical Classification of Diseases, Injuries and Causes of Death

(a) List of three-digit Categories (Detailed List)

(b) Tabular List of Inclusions and four-digit subcategories.

(4) Medical Certification and Rules for Classification

(5) Special Tabulation Lists

List A. Intermediate List of 150 Causes for Tabulation of Morbidity and Mortality

List B. Abbreviated List of 50 Causes for Tabulation of Mortality

List C. Special List of 50 Causes for Tabulation of Morbidity for Social Security Purposes.

Vol. II.

Alphabetical Index.

FIRST WORLD HEALTH ASSEMBLY

A.73

17 July 1948

ORIGINAL: ENGLISH

12.5.8 Other Business: Draft WHO Regulations No. 1 on nomenclature of diseases and causes of death (document A/3/Rev.1.)

FIFTH REPORT OF THE LEGAL COMMITTEE

At its sixth meeting, the Legal Committee examined the formal and procedural clauses¹ as amended by the Draft WHO Regulations No. 1 on Nomenclature with respect to diseases and causes of death.²

The Legal Committee noted that the changes proposed by the delegation of the United Kingdom³ had been approved by the Committee on Programme and had been incorporated in document A/3/Rev.1.

With regard to Article 3, the Legal Committee proposes a minor drafting change incorporating the footnote in the earliest draft within Article 2. This Article would thus read as follows, the words underlined indicating the modifications proposed:

ARTICLE 3

Each Member shall publish statistics of causes of death in respect of:

- (a) its territory as a whole;
- (b) principal towns;
- (c) national aggregate of urban areas (districts);
- (d) national aggregate of rural areas (districts);

Each member shall append to the statistics referred to under (c) and (d) the definition of "urban" and "rural" areas applied therein.

For the purpose of this Article and of Articles 6 and 16 "territory" designates the metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other cutting possessions or territories under trusteeship.

ARTICLES 21 AND 23

After an examination of Article 214, the Legal Committee concluded that this article might be interpreted as limiting the right of a Member to make a reservation to the regulations and that it might not therefore be entirely consistent with Article 22 of the Constitution. The Legal Committee recommends that this article be deleted. In view, however, of the suggestion concerning procedure contained therein, the Legal Committee recommends that the Director-General, when transmitting the regulations to Members, may make reservations limiting the application of any part or parts of these regulations to any part or parts of their territories. The Director-General might

¹Preamble, Articles 1-3, 17-24 and the final Clause.

²Document A/3/Rev.1...

³Document A/L/10.

⁴Since Article 21 is to be deleted, the numeration of the subsequent Articles will be altered, the former Article 22 becoming Article 21 and so on. Therefore, in Article 23 (formerly Article 24), lines 3 and 4 delete "Articles 20, 21, 22 and 23" and substitute "Articles 20, 21 and 22".

also suggest in this letter of transmission the desirability of prior consultation with him concerning the content and form of any reservations which might be made.

With regard to Article 23, the Legal Committee proposes the deletion of the second sentence of this Article: "Before notifying any reservation, a Member shall consult with the Director-General with respect to the content and form of and reasons for the proposed reservation".

This Proposal is based on the recommended deletion of Article 21.

The attention of the Legal Committee was directed to the interpretation to be given to Article 22 of the Constitution of the World Health Organisation, which reads as follows:

"Regulations adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General..... of reservations within the period stated in the notice."

The Legal Committee noted that a narrow interpretation of the Article might result in a reservation being construed as tending towards a rejection, and concluded that this was not the interpretation intended. It was unanimously agreed that the regulations would come into force for all Members including those making reservations and that only those parts on which reservations had made would not apply.

The Legal Committee therefore recommends to the Assembly the adoption of the following resolution:

WHEREAS under Article 21(b) of the Constitution the Health Assembly shall have authority to adopt regulations concerning nomenclature with respect to diseases and causes of death;

THE FIRST WORLD HEALTH ASSEMBLY ADOPTS the regulations on Nomenclature as set forth in document A/3/Rev.1 with the proposed modifications.

FIRST WORLD HEALTH ASSEMBLY

A/73 Corr.1

20 July 1948

ENGLISH ONLY

12.5.8 Other Business

Draft WHO Regulations No. 1 on Nomenclature of Diseases and Causes of Death (document A/3/Rev.1)

FIFTH REPORT OF THE LEGAL COMMITTEE

CORRIGENDUM

Page 2, paragraph 2, line 8:

after "Members" insert "shall indicate in his letter of transmission that Members".

FIRST WORLD HEALTH ASSEMBLY

A/93

22 July 1948

ORIGINAL : ENGLISH

12.1.11 Health Statistics

(Off. Rec. WHO, 10, page 22)

12.5.8. Other Business. Draft WHO Regulations No. 1 on Nomenclature of Diseases and Causes of Death.

(Off. Rec. WHO 10, page 95 and documents A/73 and A/73 Corr. 1).

JOINT DRAFT RESOLUTION PROPOSED BY THE COMMITTEE ON PROGRAMME AND THE LEGAL COMMITTEE

The Committee on Programme and the Legal Committee, in view of the adoption by the Health Assembly of the reports of these Committees regarding WHO Regulations No. 1 on Nomenclature with respect to diseases and causes of death, jointly recommend to the Assembly the adoption of the following resolution :

WHEREAS the report of the Committee on Programme and the report of the Legal Committee recommending the adoption by the Health Assembly of Draft WHO Regulations No. 1 on *Nomenclature* (including the compilation and publication of statistics) *with respect to diseases and causes of death* * have been unanimously approved by this Assembly, and

WHEREAS, by virtue of Article 21 (b) of the Constitution of the World Health Organization the Health Assembly shall have authority to adopt such regulations ;

THE FIRST WORLD HEALTH ASSEMBLY ADOPTS, as World Health Organization Regulations No. 1 the Regulations regarding *Nomenclature* (including the compilation and publication of statistics) *with respect to diseases and causes of death annexed to this Resolution.*

*See Doc. A/69, A/73 and A/73 Corr. 1.



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